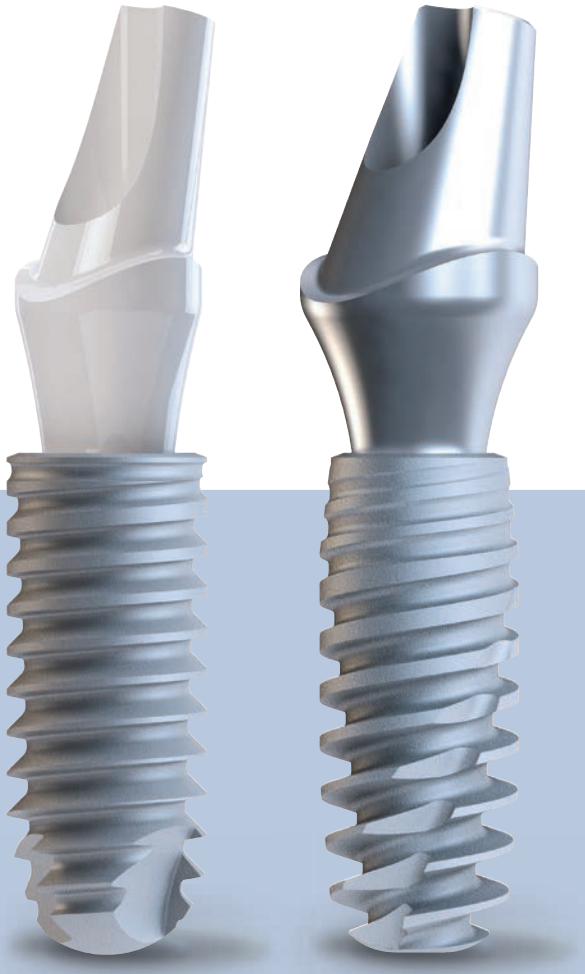
THE NEW DIMENSION

axiom® REG PX



User guide axiom® REG *and* axiom® PX

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A global solution for **dental implantology**

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Thank you for the trust you have shown in us by choosing to work with the Axiom® implant solution.

For your safety and comfort, our products have been designed exclusively from the latest findings in science and clinical practice.

The range is the result of close collaboration between our committee of experienced implantologists and our R&D team, and is both simple to use and very high performing in terms of biomechanics and aesthetics.

This document contains the information needed to use the Axiom® device in surgical protocols and prosthetic restorations which are specific to the system with a complete component listing.
A few key points for correct use are included as reminders!

Please read this document carefully prior to placing any Axiom® REG and Axiom® PX implants.

Success for you means success for us. Our marketing network and team of experts is always available to you for any further information that you may need.

From the entire team at Anthogyr

Scope

The Axiom® system is exclusively intended to replace missing teeth. It enables one or more artificial roots to be positioned, onto which dental prostheses are fixed and/ or stabilised.
The system allows single-unit, multiple-unit or complete restoration to be performed.

Warnings and recommendations

The instructions contained in this document describe the different phases of the surgical procedure and prosthetic restoration to be followed for the Axiom® implant system. A few general features specific to inserting implantable devices are recalled for information. This is not in any way an exhaustive document about implant and prosthetic practices to which the reader has any right of complaint.

Training:

Axiom® components should only be implanted by practitioners who have been trained in implant practice and/or prosthetic techniques, and who are equipped for this type of procedure. Correct knowledge of surgical techniques and prosthetics is required to use this system. Specific training is offered and delivered at the Anthogyr company.

The surgical and prosthetic technique for the Axiom® system is performed exclusively in conjunction with the original components and instruments in accordance with the manufacturer's recommendations. Anthogyr can take no responsibility implant in case of placement non-compliant with this manual and in case of use of prosthetic parts or instruments foreign to the system.
The parts are not interchangeable with other implant systems.

Clinical evaluation of the patient and the choice of treatment solution are the sole responsibility of the practitioner. The implant diameter and length must be determined beforehand by the dental practitioner, depending on the clinical situation. Patients should also be informed of potential risks associated with implanting this type of device : oedema, bruising, haemorrhage, periodontal complications, transient or permanent nerve damage, local or systemic infections or inflammation, bone fractures, loosening or fracture of the implant, dehiscence, aesthetic problems, aspirating or swallowing the device, iatrogenic trauma etc.

Equipment:

The practitioner using the system is responsible for the follow-up and maintenance procedures required to identify and treat any complications as early as possible and for ensuring the correct functioning and safety of the device. The references and the batch numbers of all components implanted, temporarily and/or definitively, must be recorded in the medical file of the patient. Follow-up and maintenance are part of the knowledge of a practitioner trained in placing dental implants.

The practitioner is also responsible for defining the different settings for his/her equipment (instrument rotation speed, irrigation flow rate, etc), according to each clinical case, and for confirming that these are in good condition before each procedure.

Reusable instruments must be cleaned, decontaminated and sterilized before each surgery (even when first used) in accordance with current protocols in hospitals and clinics. The organization of the operating room, preparation of operating staff and of the patient (premedication, anaesthesia, etc...) should follow current procedures and are the responsibility of the practitioner.

Anthogyr can under no circumstances be held responsible for any harm arising from defective handling or use.

In order to avoid swallowing or inhaling small components, it is recommended that these are rendered secure by fixing them to the outside of the mouth with a suture thread. Whenever an instrument is changed, confirm that the contra-angle or key are correctly fixed by applying slight traction and ensure that each part is correctly fixed onto the transfer system outside the oral cavity.

Conservation:

In producing our products, we have paid particular care and guarantee that a manufacturing control has been performed on all products made available for sale. In order to guarantee their integrity, it is recommended that they be stored in their original packaging at an ambient temperature of between 15 and 30°C, away from moisture and direct sunlight.

Protect packages from dust and do not store in the same premises as solvents and/or paints containing solvents or chemical substances.
The device must be used before the expiration date indicated on the traceability label.

If the package (blister-closure / bag) is damaged or a defect is apparent when the product is opened, it is imperative that the device not be used and that the nature of the defect, part numbers and batch numbers of the components concerned are reported to the distributor or to Anthogyr.
The technical specifications contained within these instructions are provided for indicative purposes only and cannot form the subject of any complaint.

The Axiom® implant system must not be used on animals.

Single-use devices must not be reused, nor resterilized (risk of contamination and risk of alteration of functional surfaces).

The instructions for use here in may only be reproduced or disseminated with prior approval from the Anthogyr company. Anthogyr reserves the right to vary the technical feature of its products and/or to make changes or improvements to the Axiom® system without prior notice.

The Axiom® implant system is not compatible with other Anthogyr and competitors' systems.
If uncertain, the user should contact the Anthogyr company before use.

This brochure invalidates and replaces all previous versions.

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Explanations, symbols and diagrams appearing on the labels

Device sterilized by Gamma irradiation

Manufacturing batch number for the device

Commercial part number for the device

Date of manufacture of the device

Expiration date of the device

Warning : observe instructions for use

Non-sterile device

Sterilized by autoclave outside of packaging

Do not sterilize by autoclaving

Do not re-use, single use device

Protect from light

Do not use if packaging is damaged

Store dry in relative humidity between 30 and 70%

Temperature limit from 15 to 30° C

Manufacturer

Class I or Class IIa/IIb medical device complying with European Directive 93/42/EEC

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1. Axiom® the new dimension

Axiom® philosophy is based on implant and prosthetic design that enables excellent bone and tissue stability :

→ Stable and tapered connection.
→ « Platform switching »
→ **BCP®** osseoconductive surface treatment.

Axiom® REG and Axiom® PX implants allow ergonomic screw-retained restorations :

→ Response adapted to all clinical situations.
→ Axiom® REG/PX surgical kit is common to implants Axiom® REG and Axiom® PX. The surgical kit is common for both implants with protocol adapted to each implant system.
→ The Axiom® prosthetic range is common to implants Axiom® REG and Axiom® PX.

*Axiom® **REGULAR**

2. Surgical Protocols

The Axiom® implant system has been designed in order to enhance the functional and aesthetic integration of implant supported restorations. The design of the implant and the abutment help to preserve the surrounding tissues. The implant-abutment combination can support occlusal charge without risk of damaging the restoration and will not generate hazardous peak of stress at the prosthetic interface level.

A. AXIOM® REG AND AXIOM® PX RANGE OF IMPLANTS

1. Indications for use

Axiom® REG and PX implants are intended for use as artificial root structures for replacement of missing teeth. They can be used for stabilization of removable prostheses or fixation of single tooth restorations or partial dentures. The Axiom® REG and PX dental system is indicated for one-stage or two-stage surgery. It is up to the practitioner to decide whether immediate or delayed loading is most appropriate, based on clinical factors like good primary stability and appropriate occlusal loading. Axiom® REG implants can be used in a wide range of clinical indications, irrespective of bone density. Axiom® PX implants are aimed for indications of immediate post-extraction implant placement and low-density bone (D1 type bone excluded).

IMPLANTS	BONE DENSITY		
	D1	D2-D3	D4
Axiom® REG	OK	OK	OK
Axiom® PX	CONTRA-INDICATED	OK	OK

Indications for prosthetic components are presented in section 3D.

2. Axiom® REG and Axiom® PX implants are made of Grade V Medical Titanium, high-resistance biocompatible material (in compliance with US standard ASTM F136 and international ISO 5832-3 standard). They benefit from a **BCP®** osseo-conductive surface treatment (surface treatment with **BCP®** sand-blasting).

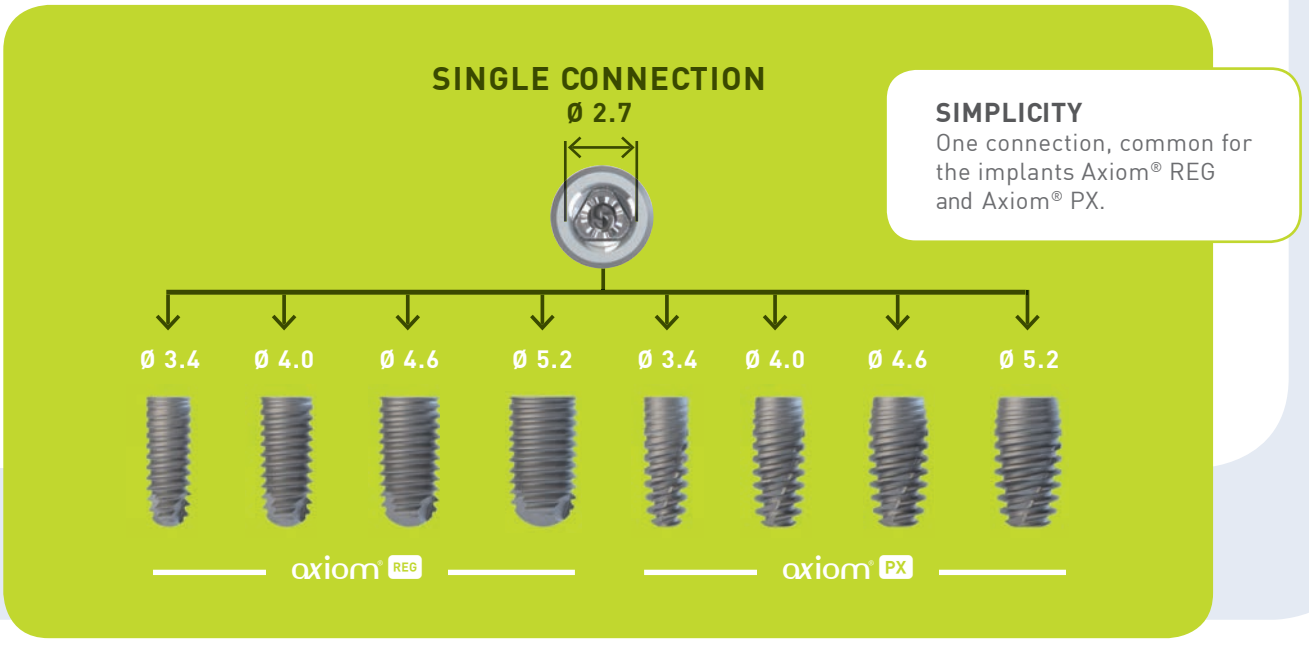
3. Subcrestal positioning of implants Axiom® REG and Axiom® PX.

The design of Axiom® REG and Axiom® PX implants (stable and tapered connection, « **Platform Switching** », **BCP®** surface treatment) allows subcrestal positioning, the keystone of soft tissue management in aesthetics research.

Surgery protocols for Axiom® REG and Axiom® PX take into account a **« subcrestal positioning of implants of 0.5 mm »**. In the presence of low gingival height or in the case of significant aesthetics research and for sufficient bone heights, the user may place the implant deeper without compromising bone stability and tissue stability. Management of soft tissues will be easier.

4. UNIQUE Axiom® REG/PX prosthetic connection

Due to its unique prosthetic connection (diameter: 2.7 mm), the Axiom® prosthetic range is compatible with all Axiom® REG and Axiom® PX implants, regardless of the abutment chosen and regardless of the implant diameter chosen.



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B. AXIOM® REG/PX COMMON SURGICAL KIT NEW !

→ **COMPACT AND COMMON AXIOM® SURGICAL KIT**

Axiom® REG and Axiom® PX = SIMPLICITY and MODULARITY

A reversible ratchet wrench is available in the surgical kit Axiom® REG / PX *Ref.* **IN MOD OPS2**.
In addition, a surgical dynamometric ratchet wrench *Ref.* **INCCDC** can be used as an option.

→ **Drilling protocol adapted to each implant.**

→ **Flexibility of use: choice of implant depending on the clinical situation.**

*S drills : SHORT drills. **L drills : LONG drills.

C. SURGICAL PROTOCOL OF THE AXIOM® REG IMPLANTS

1. Surgical phases

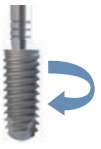
1 **MARKING**
Round bur /Pointer drill
1 500 rpm

2 **DRILLING**
Initial drill Ø 2.0 mm
1 500 rpm

3 **DRILLING**
Drilling sequences
1 000 rpm

4 **TAPPING**
Final tapping
optional (bone D2)
20-25 rpm

5 **TIGHTENING**
Placing the implant
25 rpm



→ Drilling speed are indicatives.
→ A treatment plan is to be established prior to each implant placement.This plan should include a healing period which can be re-evaluated during the surgery process if needed.

TWO-STAGE SURGERY

1. Positioning the cover screw

5-10 N.cm

2. Positioning the healing screw

5-10 N.cm

ONE STAGE SURGERY

Positioning the healing screw
5-10 N.cm

IMMEDIATE LOADING

Positioning the abutment

NEW!

Temporary — Standard — Conical abutment straight/angulated — Multi-unit abutment straight/angulated

2. Axiom® REG range of implants

→ **Short lg. 6.5 and 8.0 mm implant :** ideal in limited bone crest height.
→ **Thread = 0.8 mm.**

⚠ *The implant diameter and length must be determined beforehand by the dental practitioner, depending on the clinical situation. The placement of implants of Ø 3.4 mm is contraindicated in the molar area.*

Ø 3.4 mm	Ø 4.0 mm	Ø 4.6 mm	Ø 5.2 mm
(1)	(1)	(1)	(1)
8 mm	6.5 mm	6.5 mm	6.5 mm
10 mm	8 mm	8 mm	8 mm
12 mm	10 mm	10 mm	10 mm
14 mm	12 mm	12 mm	12 mm
16 mm	14 mm	14 mm	14 mm
18 mm	16 mm	16 mm	
	18 mm		

(1) Identification color code for implant types repeated on the ancillary instruments and packaging.

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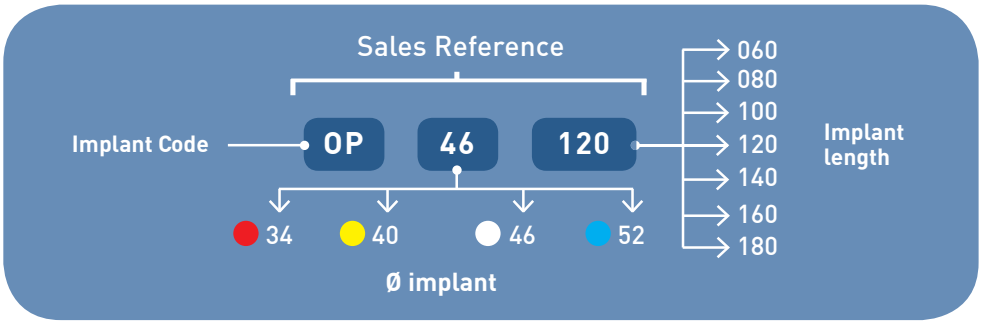
3. Axiom® REG technical specifications

a. Implant coding



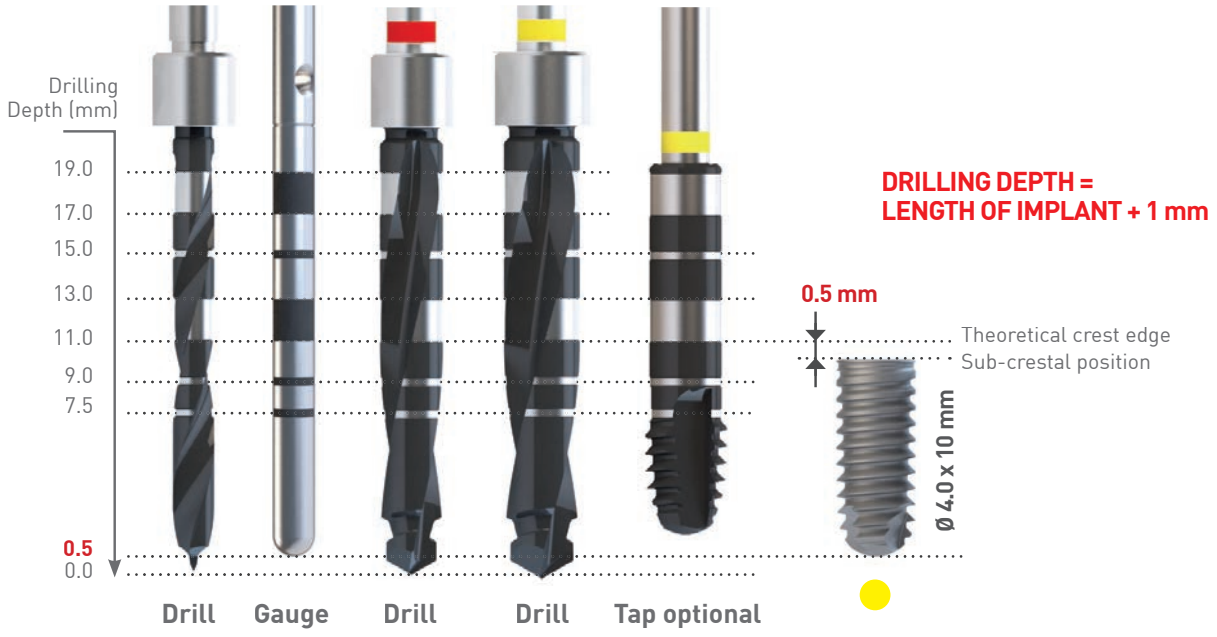
b. Drilling depths

The Axiom® REG placement protocol provides for a **« subcrestal positioning of the implant »**.
The surface of the implant's shoulder is **BCP®** treated in order to favour peripheral bone healing in this region.

The Axiom® REG surgery protocol takes into account an **apical overdrilling of 0.5 mm**.
The practitioner can proceed with a deeper **« subcrestal positioning »** in order to optimise soft tissue aesthetics.

WARNING!

The size(s) of the implant(s) shall be pre-defined in the treatment plan. A radiographic template calibrating* film is provided to select the implant diameter and length according to the bone available.
*The film also takes into consideration the length of the associated drilling.
When selecting the implant, take into consideration the length of the drill +0.5 to 0.6 mm at the tip, added to 0.5 mm in sub-crestal position. This additional lengths are indicated on the calibrating film.
They allow bone chips to be collected during the self-tapping of the implant and they avoid apical over-compression.
Precision of the calibrating film: +/- 2%.
Do not use the calibration film if it is damaged (poor print quality, tear...).



→ ALT. 1 : FLAP TECHNIQUE

Allows to see the alveolar bone and anatomical obstacles.

Direct reading of the drilling depth according to the bone crest ridge.

Allows to evaluate the 0.5 mm sub-crestal positioning of the implant.

Use of removable stops that secure the drilling and reaming stage (see p. 20).

→ ALT. 2 : FLAPLESS TECHNIQUE :

Periost preservation.

Radiographic evaluation of the bone volume and recommended measurements.

Bone crest limit not visible: need for soft tissue thickness pre-measurement.

Report the soft tissue thickness onto the drilling instrument in order to prepare the site and to place the implant.

4. Axiom® REG drilling sequences

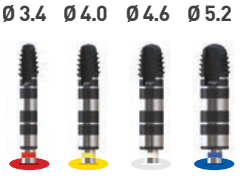
Before first use and after each surgery, all components must be decontaminated and sterilised scrupulously following the manufacturer's recommendations. For high performance and optimal clinical results, we recommend that all cutting instruments (drills, taps, reamers...) are limited to **20 uses** and should be used under external irrigation. They are used under external irrigation.

*Comply with cleaning, decontamination and sterilization procedures by referring to corresponding section.

Prior to surgery

Each terminal instrument specific to an Axiom® REG implant diameter can be identified by the identification colour code. The instruments must be used in the chronological order shown below.
All the drills and reamers are available in 2 lengths (S and L). Taps are available in length L.
They have been designed for axial drilling (not transversal drilling), especially drill Ø 2.0..

Drills / Implants	Ø 2.0	Ø 2.4 / 3.0	Ø 3.0 / 3.6	Ø 3.6 / 4.2	Ø 4.2 / 4.8
Axiom® REG Ø 3.4 mm	x	x			
Axiom® REG Ø 4.0 mm	x	x	x		
Axiom® REG Ø 4.6 mm	x	x	x	x	
Axiom® REG Ø 5.2 mm	x	x	x	x	x



Optional tapping.
Recommended if D1-type bone.

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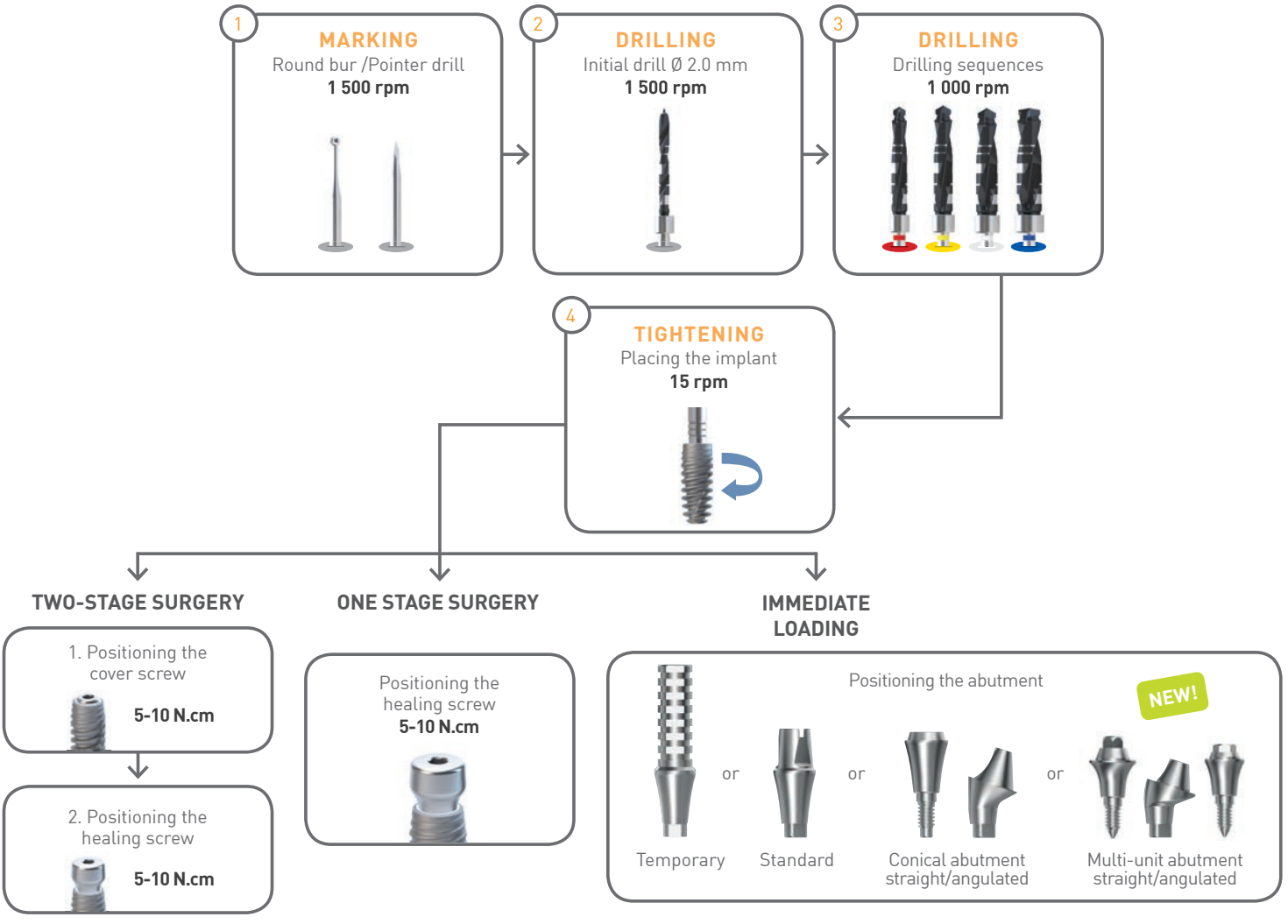
D. AXIOM® PX IMPLANT SURGICAL PROTOCOL

Axiom® PX implants are intended for indications of immediate post-extraction implant placement and low-density bone.

Placement of the Axiom® PX implant is contraindicated in D1-type bone.

The Axiom® PX implant placement protocol requires expertise in implantology.

1. Surgical phases



→ Drilling speed are indicatives.

→ A treatment plan is to be established prior to each implant placement.This plan should include a healing period which can be re-evaluated during the surgery process if needed.

2. Axiom® PX range of implants

→ **Short lg. 6.5 and 8.0 mm implant :** ideal in limited bone crest height.

→ **Thread = 2.0 mm.**

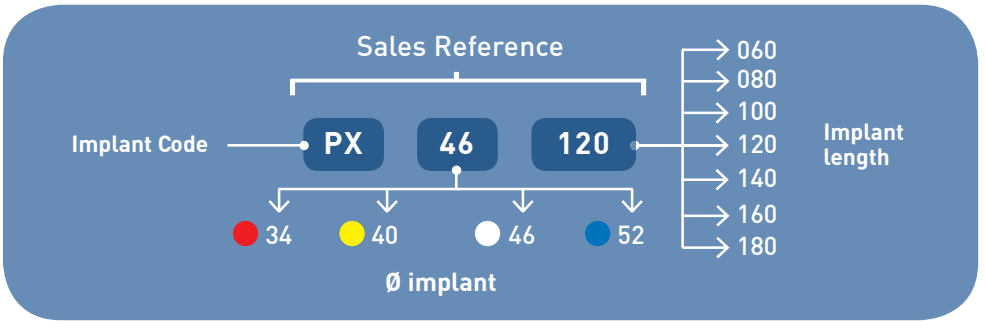
The implant diameter and length must be determined beforehand by the dental practitioner, depending on the clinical situation.
The placement of implants of Ø 3.4 mm is contra-indicated in the molar area.

Ø 3.4 mm	Ø 4.0 mm	Ø 4.6 mm	Ø 5.2 mm
(1) 8 mm	(1) 8 mm	(1) 6,5 mm	(1) 6,5 mm
10 mm	10 mm	8 mm	8 mm
12 mm	12 mm	10 mm	10 mm
14 mm	14 mm	12 mm	12 mm
16 mm	16 mm	14 mm	
18 mm	18 mm		

(1) Identification color code for implant types repeated on the ancillary instruments and packaging.

3. Axiom® PX technical specifications

a. Implant coding



b. Drilling depths

The Axiom® PX placement protocol provides for a **« subcrestal positioning of the implant »**.
The surface of the implant's shoulder is **BCP®** treated in order to favour peripheral bone healing in this region.

The Axiom® PX surgery protocol takes into account an **apical overdrilling of 0.5 mm**.
The practitioner can proceed with a deeper **« subcrestal positioning »** in order to optimise soft tissue aesthetics.

WARNING!

The size(s) of the implant(s) shall be pre-defined in the treatment plan. A radiographic template film is provided to select to the implant diameter and length according to the bone available.
The film also takes into consideration the length of the associated drilling.
When selecting the implant, take into consideration the length of the drill +0.5 to 0.6 mm at the tip, added to 0.5 mm in sub-crestal position. The over-drilling is indicated with a triangle on the calibrating film.
They allow bone chips to be collected during the self-tapping of the implant and they avoid apical over-compression.
Precision of the calibrating film : +/- 2%.
Do not use the calibration film if it is damaged (poor print quality, tear...).

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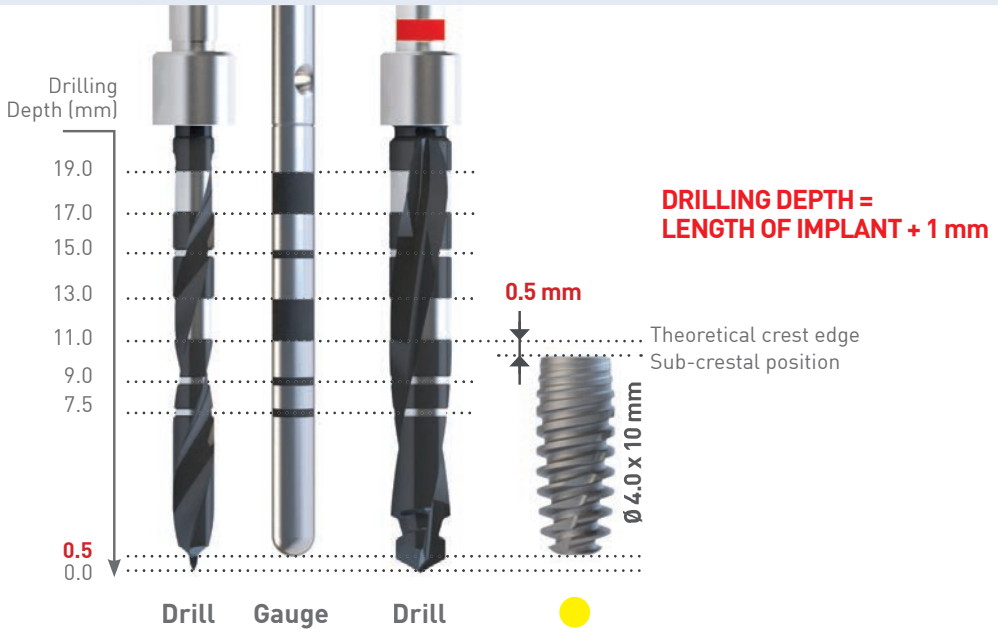


4. Axiom® PX drilling sequences

Before first use and after each surgery, all components must be decontaminated and sterilised scrupulously following the manufacturer's recommendations*. For high performance and optimal clinical results, we recommend that all cutting instruments (drills, taps, reamers...) be limited to **20 uses** and should be used under external irrigation. They are used under external irrigation.

*Comply with cleaning, decontamination and sterilization procedures by referring to corresponding section.

Drills / Implants	Ø 2.0	Ø 2.0 / 2.4	Ø 2.4 / 3.0	Ø 3.0 / 3.6	Ø 3.6 / 4.2
Axiom® PX Ø 3.4 mm	x	x			
Axiom® PX Ø 4.0 mm	x		x		
Axiom® PX Ø 4.6 mm	x		x	x	
Axiom® PX Ø 5.2 mm	x		x	x	x

For the placement of Axiom® PX implant in low-density or medium-density bone, we recommend a sub-drilling in diameter.

Each terminal instrument specific to an Axiom® PX implant diameter can be identified by the identification colour code.

All the drills and reamers are available in 2 lengths (S and L).
The instruments are arranged in the chronological order.
They have been designed for axial drilling (not transversal drilling), especially drill Ø 2.0

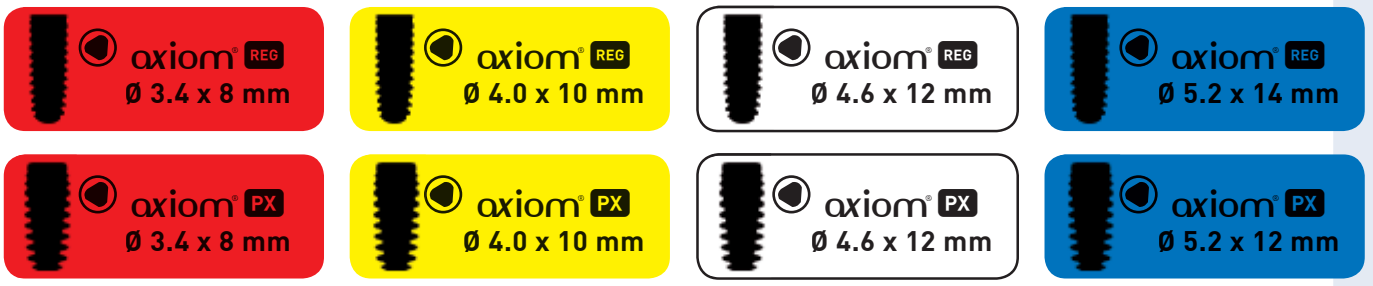
The drilling sequence can be adapted by the practitioner according to the clinical situation.

RECOMMENDATIONS

Axiom® PX implant placement is contraindicated in D1-type bone.
Tapping devices must not be used during the placement of Axiom® implants.

E. POSITIONING AXIOM® REG AND AXIOM® PX IMPLANTS

Before opening the package, always confirm the dimensions of the desired implant.
Refer to the colored identification label on the flap of the cardboard.



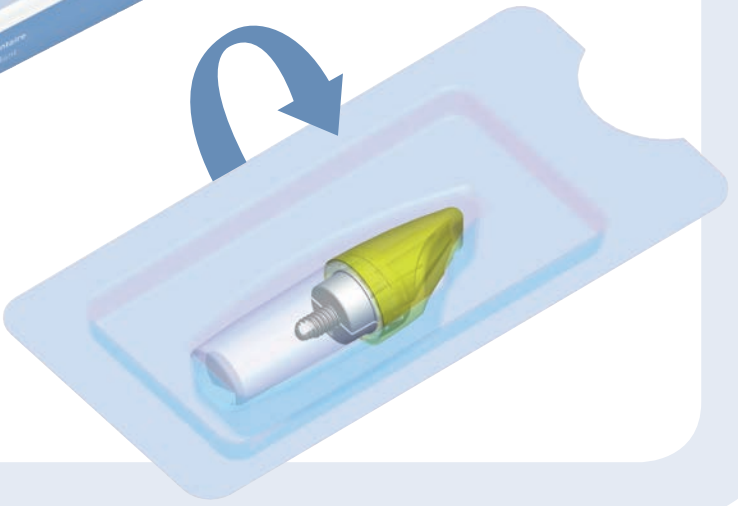
→ Two traceability labels are provided with the implant packaging, and are intended to be inserted into the patient medical file.

1. Opening the packaging

The implant is packaged sterile in a tube with closure, placed sterile in a blister/closure.
Sterilisation is achieved by gamma rays.
Never re-sterilise an implant that has been opened but not used.

→ Remove the blister pack from the cardboard box away from the sterile field.
The red disc on the closure is a guarantee of sterility of the blister pack.

→ Open the closure without touching the sterile inside of the blister pack.
Place the tube with closure carefully on a sterile drape.



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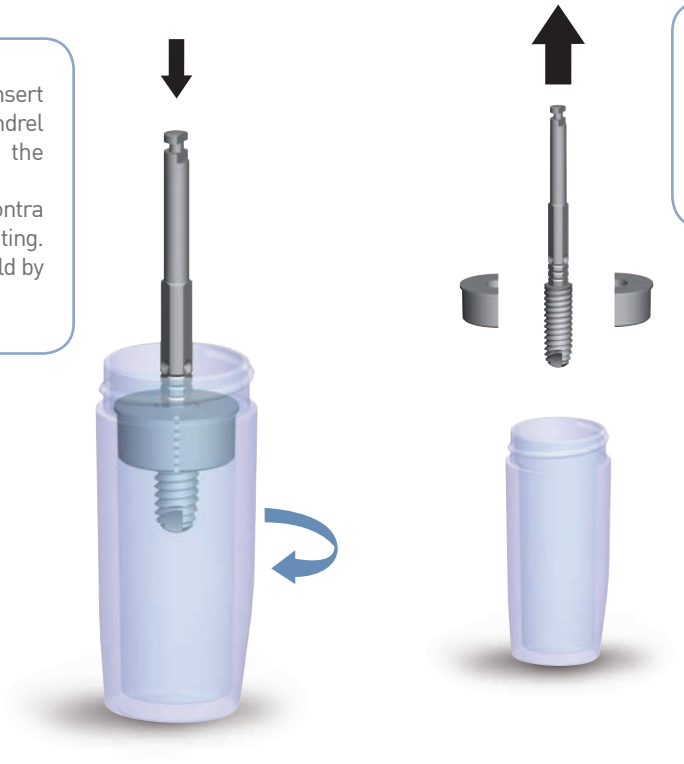
2. Delivering the implant into the mouth

WARNING!

The implant handling will be performed in order to avoid any direct contact with the outside surface of the implant. Make sure the implant cannot fall into the patient's mouth during handling.

→ Untighten the closing cap. Insert and index the implant mandrel or the implant key inside the implant inside the tube.
During this stage, the contra angle must not be rotating. Check that it is correctly held by applying slight traction.



→ Remove the implant from the tube with the suitable instrument and free the holding cups while maintaining the tube in the other hand.

3. Insertion of the implant

→ **ALT. 1 : POSITIONING WITH THE CONTRA-ANGLE**

Adjust the speed of the contra-angle.
Tighten the implant to the desired depth.

Recommended speeds for implant tightening :
Axiom® REG : 25 rpm, Axiom® PX : 15 rpm.

WARNING!

Regulary check the tightening torque in order not to exceed **80 N.cm**. Do not hesitate to unscrew and re-screw during the implant's insertion to reduce screwing forces.

→ **ALT. 2 : MANUAL POSITIONING**

Manually pre-screw the implant into the implant cavity using the screwing key.
Assemble the surgical ratchet wrench and insert to the desired depth.

WARNING!

Be careful not apply excessive forces to the connection. Do not hesitate to unscrew and re-screw during the implant's insertion to reduce screwing forces.

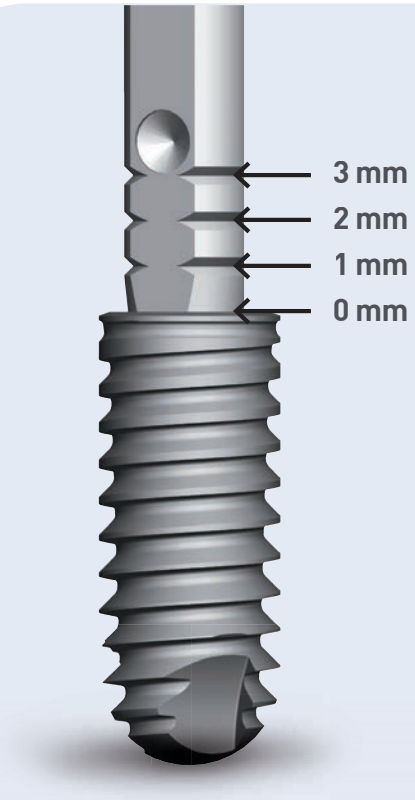
4. Subcrestal implant positioning

The surgical protocol for the Axiom® implant system is including a **« 0.5mm standard subcrestal implant positioning in standard protocol».**

WARNING!

Drilling depth = length of implant + 1 mm

- 0.5 mm apical reserve
- 0.5 mm below the crest



DEPTH INDICATOR

→ **POSITIONING OF THE IMPLANT:**

The tightening keys and mandrels are graduated in order to ease the vertical positioning of the implant in case of flapless surgery.

SUBCRESTAL POSITIONING OF THE IMPLANT CAN BE ADAPTED:

In cases of thin gingiva, the positioning of the implant can be adapted.
It is recommended to increase the apical position of the implant in bone to anticipate the forming of new biological space.

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5. Orientation of the implant

The three-lob connection indexing system allows three positions for the prosthetic components. This particular design allows for reduced handling time and the risk of confusion when fixing the prosthetic components during the restoration phases. Yet, the three-lob connection needs proper orientation at the time of implant placement.

WARNING!

The implant orientation is a key phase. It pre-determines the final orientation of the prosthetic components.
After osseointegration and bone maturation, the orientation of the prosthesis is irreversible. It is therefore essential to establish the prosthetic treatment plan before surgery, particularly when prosthetic components providing angulation are used. The implant is finally orientated depending on the desired prosthetic solution and on the component being used.

→ **ORIENTATION OF THE IMPLANT**
The tightening wrenches and mandrels have 3 faces, each equipped with a visual identifier corresponding to the implant indexation.

When screwing or unscrewing the implant, orientate one of the identifier on the surfaces of the instrument as closely as possible in the appropriate direction depending on the desired prosthetic restoration and situation in the mouth.

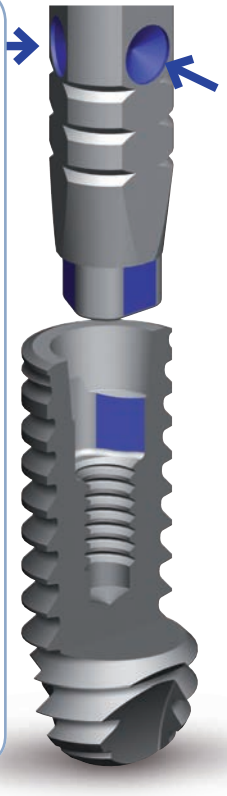
The identifier chosen will define the principal prosthetic orientation of the components.

WARNING!

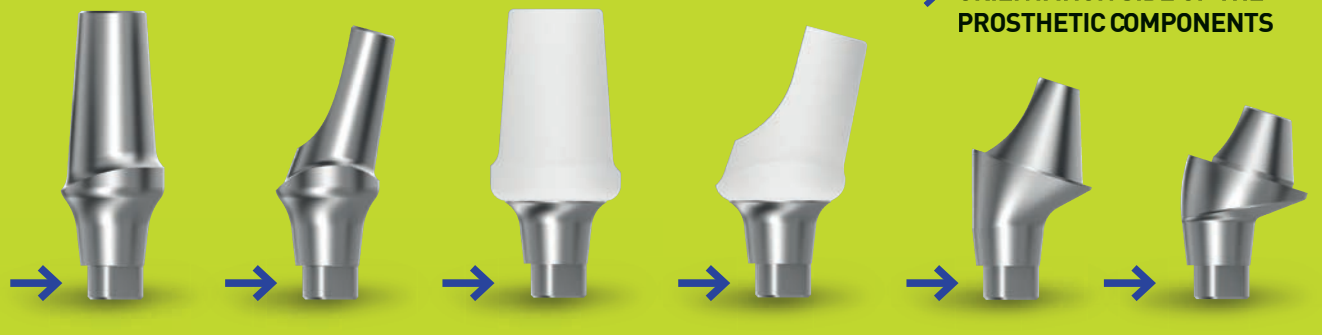
During angular orientation of the implant by screwing or unscrewing, it is important to choose the identifier located closest to the final orientation in order to preserve the apico-coronal positioning.

→ **GUIDELINES ON THREE-LOBE POSITIONING:**
To adjust (effectively) the implant axis during the prosthetic step, the three-lobe flat must be placed in the axis of the implant's emergence.

NOTE : Sterilizable try-in abutments are available and can be used during the surgery to check and validate the final positioning of the implant.



→ **ORIENTATION SIDE OF THE PROSTHETIC COMPONENTS**



F. CLOSURE OF THE IMPLANT

1. Two-stage surgery

→ POSITIONING THE CLOSURE SCREW AND SUTURING

Remove the cover screw from the cover with the surgical wrench.

Hand-screw the cover screw without forcing, using the surgical wrench.

Suture to place the implant in the setting position.

Positioning the healing screw and suturing : refer to one-stage surgery.

2. One-stage Surgery

→ SELECTION OF HEALING SCREW / DIAMETER OF PROSTHESIS / GINGIVAL HEIGHT

It is possible to select the healing screw among 4 emergence profiles in accordance with the size of the tooth/ teeth to be restored.

Healing screws are supplied STERILE (single-use).

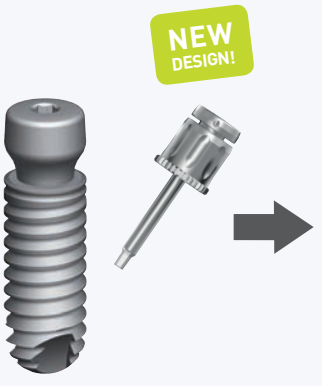
Tooth – Prosthesis Emergence Suitability (gingival height 0.75, 1.5, 2.5, 3.5 and 4.5 mm)				Emergence profile (mm)			
Tooth	**Neck Dia**	**Min.**	**Max.**	**Ø 3.4**	**Ø 4.0**	**Ø 5.0**	**Ø 6.0**
Mandibular incisors	Mes-Dist	2.9	4.1	●	●		
Central max. incisors	Mes-Dist	5.5	7.6			●	●
Lateral max. incisors	Mes-Dist	4.1	5.2	●	●	●	
Max. canine	Mes-Dist	5.3	6.4			●	●
Mand. canine	Mes-Dist	4.5	6		●	●	●
1st max. molar	Mes-Dist	7.5	9				●
1st max. pre-molar	Mes-Dist	3.8	5.5		●	●	

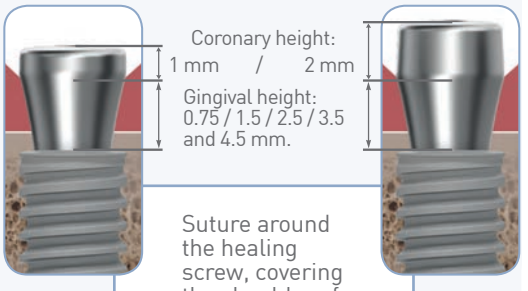
ANATOMICAL EMERGENCE PROFILE

Healing screws are proposed in 2 suture heights and 5 gingival heights.

→ POSITIONING THE HEALING SCREW AND SUTURING

Hand-screw the healing key without forcing, using the surgical wrench.





Suture around the healing screw, covering the shoulder of the prosthesis.

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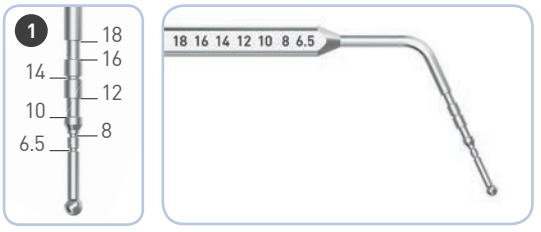
G. DUAL FUNCTION DEPTH GAUGE

1. Measuring socket or drilling depth

1 To evaluate the alveolus of drilling depth, insert the blunt tip of the depth gauge against the osteotomy wall.

The markings on the gauge correspond to the available implant lengths **Axiom® REG/PX: 6.5/8/10/12/14/16/18 mm.**

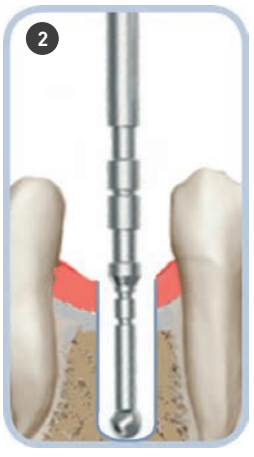


This **optional** angled depth gauge can be useful to:

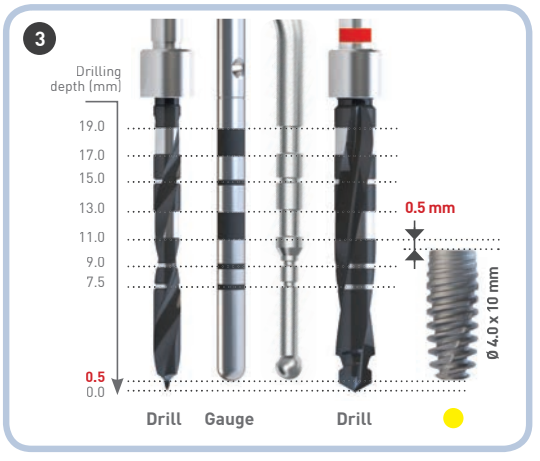
2 Palpate the bottom of the socket (blunt tip) for immediate postextraction implant placement.

3 Check the drilling depth after using the 2.0 mm starter drill (Axiom® REG/PX/2.8 implants).

Angled Depth Gauge: Socket palpation for immediate postextraction implant placement



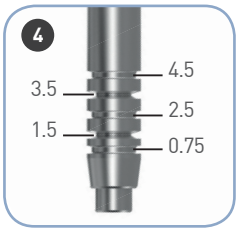
Angled Depth Gauge: Confirmation of drilling depth

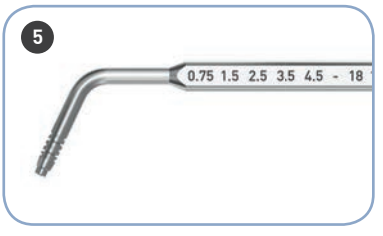


2. Using the depth gauge with the implant

4 5 The calibrated grooves correspond to the gingival heights in the **Axiom® REG/PX range: 0.75 / 1.5 /2.5/3.5 / 4.5 mm.**

6 Insert the tip of the angled depth gauge into the top of the implant to evaluate the height of the soft tissue. This part does not stimulate the implant connection since the tip of the gauge is cylindrical.

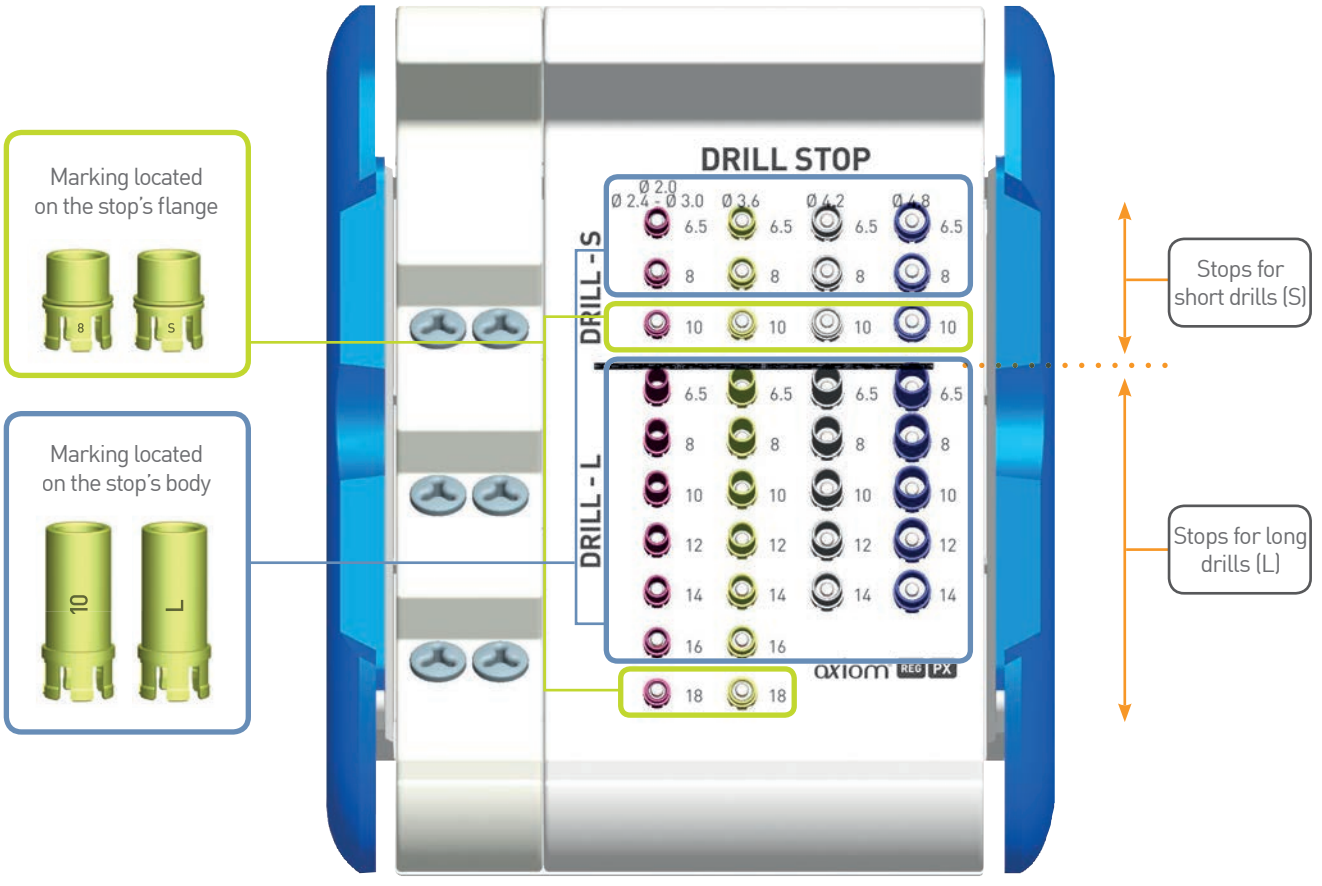




H. AXIOM® REG/PX DRILL STOP KIT

1. Drill stop kit

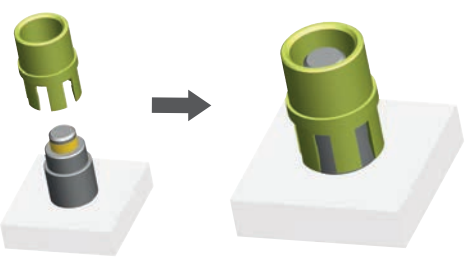
The drill stop kit includes 12 stops for short drills (S) and 24 stops for long drills (L), i.e. 36 stops.



POSITIONING THE STOPS IN THE KIT:

→ Check the position of the stop (color code for Ø and length).

→ Slide the stop (with the slot down) onto the pin.



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2. Assembling the stops on the drills

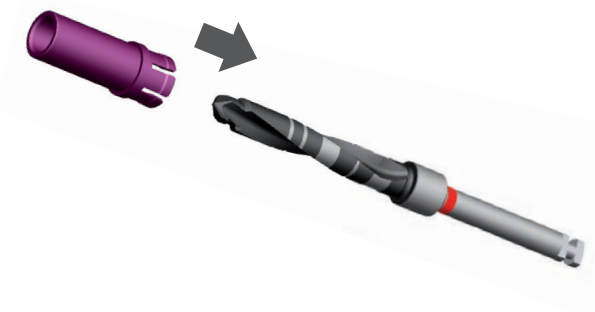
Every stop is color-coded for easy identification corresponding to the diameter of the drill and the length corresponds to the drilling depth. Short stops S* can be assembled only on short drills. Long stops L* can be assembled only on long drills.

●	Violet stops are to be used with the drills Ø 2, Ø 2.4 and Ø 3.0 mm.
●	Yellow stops are to be used with the drill Ø 3.6 mm.
○	White stops are to be used with the drill Ø 4.2 mm.
●	Blue stops are to be used with the drill 4.8 mm

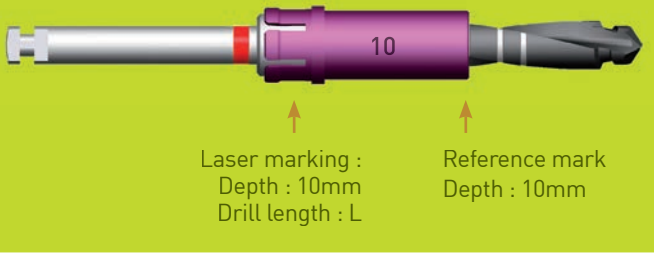
* The stops for short drills S have a circumferential groove.
They cannot be assembled on long drills L.
Also the stops for long drills L do not have a groove and cannot be assembled on short drills S.

☞ Check the orientation of the stop as described on the picture.

→ Slide the stop onto the drill.



Example : axiom® implant placement – length 10mm.



I. ANGLED DRILL GUIDE FOR COMPLETE DENTAL RESTORATION USING A LIMITED NUMBER OF IMPLANTS

The angled drill guide (IN GFA) is the guiding tool to achieve complete screw-retained dental restoration using a limited number of implants.

Hereunder is the detailed protocol for bone preparation and placement of the prosthetic components using the angled drill guide (IN GFA).

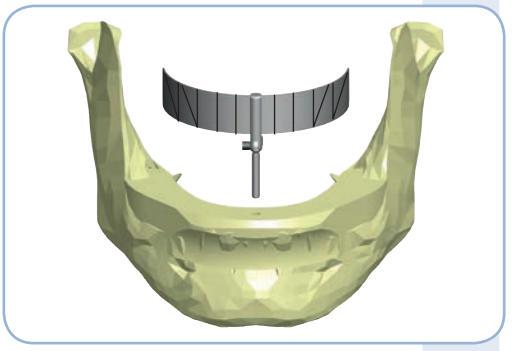
1. Mandible preparation: drill sequence

For better understanding, Axiom® REG/PX Multi-Unit abutments have been used for all the illustrations.

1

DRILL GUIDE POSITIONING

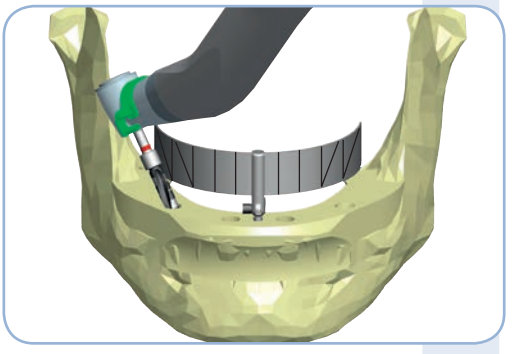
- Make an incision and raise a flap.
- Make a midline osteotomy about 10 mm deep using a 2.0 mm twist drill.
- Insert the drill guide rod into the hole. Maximal blockage can be achieved using the long hexagonal wrench **(IN CHELV)**.

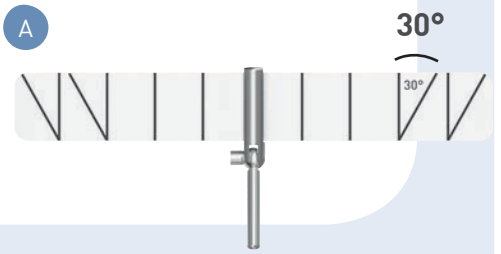


2

POSTERIOR SITE PREPARATION AND IMPLANT PLACEMENT

- Identify the mental foramen and the inferior dental nerve to avoid accidental injury.
- Using the drill guide, mark the position of the drill hole with the round bur or the pointer drill.
- The oblique lines on each end of the drill guide indicate a 30° orientation (Figure A).
- Hold the drill parallel to the oblique line. For an Axiom® REG implant, refer to the drill sequence illustrated on page 9, and for an Axiom® PX implant, refer to the drill sequence illustrated on page 12.
- For placement of an Axiom® REG in D1 bone type, prior tapping may be necessary. The protocol is described in the « Axiom® REG/PX User Guide » on page 11.
- Screw the implants into the prepared holes with the three-lobes properly positioned relative to the prosthetic restoration.

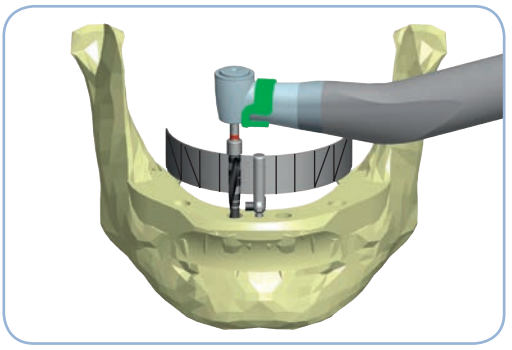




3

ANTERIOR SITE PREPARATION AND IMPLANT PLACEMENT

- The two anterior drill holes should be as far apart as possible. However, be careful to allow for a safety distance between the apex of the anterior and posterior implants.
- Hold the drill parallel to the vertical line on the drill guide, and mark the position of the drill hole using the round bur or the pointer drill.
- Refer to the drill sequence illustrated in the « Axiom® REG/PX User Guide »: on page 9 for an Axiom® REG implant; on page 12 for an Axiom® PX implant.
- For placement of an Axiom® REG in D1 bone type, prior tapping may be necessary. The protocol is described in the « Axiom® REG/PX User Guide » on page 11.
- Screw the implants into the prepared holes with the three-lobes properly positioned relative to the prosthetic restoration.



4

INITIAL IMPLANT STABILITY

- Assess implant stability before placing the conical abutments.

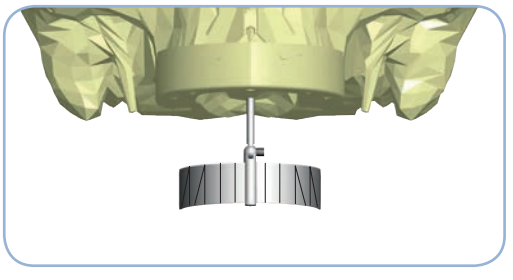
2. Maxilla preparation: drill sequence

For better understanding, Axiom® REG/PX Multi-Unit abutments have been used for all the illustrations.

1

DRILL GUIDE POSITIONING

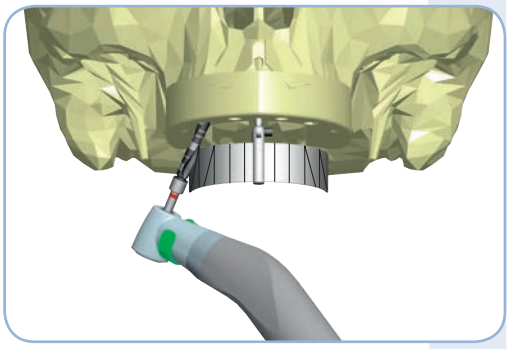
- Make an incision and raise a flap.
- Make a midline osteotomy about 10 mm deep using a 2.0 mm twist drill.
- Insert the drill guide rod into the hole.



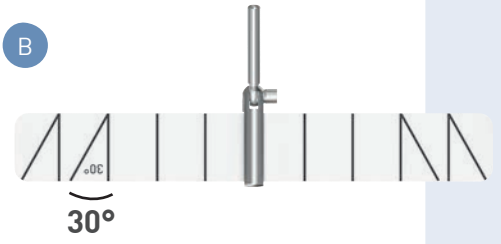
2

POSTERIOR SITE PREPARATION AND IMPLANT PLACEMENT

- The anterior wall of the maxillary sinus must be identified to avoid penetration.
- Using the drill guide, mark the position of the drill hole with the round bur or the pointer drill.
- The oblique lines on each end of the drill guide indicate a 30° orientation (Figure B).
- Hold the 2.0 mm drill parallel to the oblique line and start drilling;
- For an Axiom® REG implant, refer to the drill sequence illustrated in the « Axiom® REG/PX User Guide » on page 9, and for an Axiom® PX implant, refer to the drill sequence illustrated on page 12.
- Screw the implants into the prepared holes with the three-lobes properly positioned relative to the prosthetic restoration.



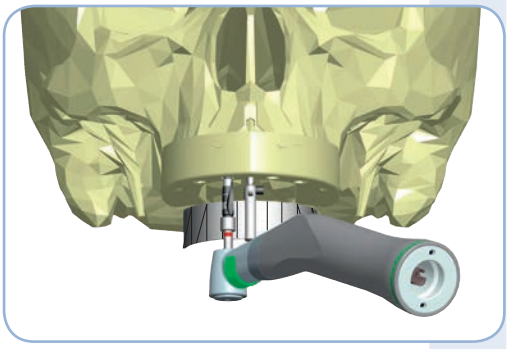
B



3

ANTERIOR SITE PREPARATION AND IMPLANT PLACEMENT

- The two anterior drill holes should be as far apart as possible. However, be careful to allow for a safety distance between the apex of the anterior and posterior implants.
- Hold the drill parallel to the vertical line on the drill guide, and mark the position of the drill hole using the round bur or the pointer drill.
- Refer to the drill sequence illustrated in the « Axiom® REG/PX User Guide »: on page 9 for an Axiom® REG implant; on page 12 for an Axiom® PX implant;
- Screw the implants into the prepared holes with the three-lobes properly positioned relative to the prosthetic restoration.



4

INITIAL IMPLANT STABILITY

- Assess implant stability before placing the conical abutments.

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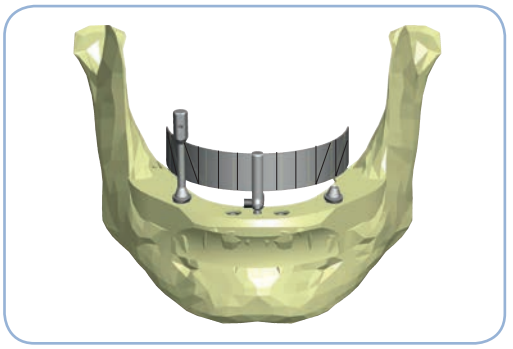
3. Mandible preparation: prosthetic components

For better understanding, Axiom® REG/PX Multi-Unit abutments have been used for all the illustrations.

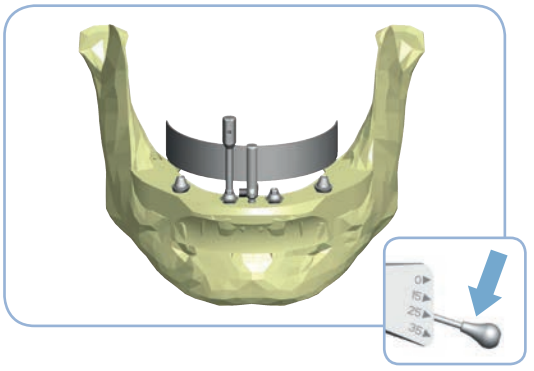
1

CONNECTION OF POSTERIOR CONICAL ABUTMENTS

- Use 30° angled conical abutments.
- Select the appropriate abutment height based on evaluation of the gingival height.
- Use the abutment holders to properly position the abutments strictly parallel to each other and to the vertical lines on the guide.



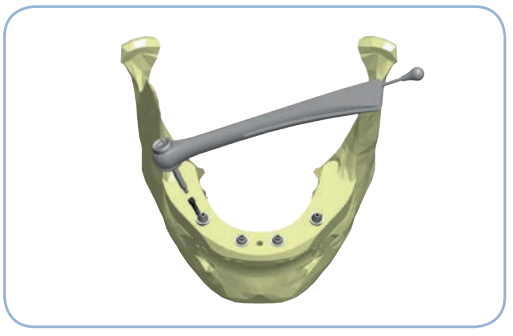
- Tighten the MU Black Tite® M1.6 screw using the long hexagonal wrench.
- Torque to 25 N.cm:
  - using the ratchet torque wrench and the hexagonal wrench,
  - or the TORQ CONTROL® and the hexagonal mandrel.



2

PLACEMENT OF ANTERIOR CONICAL ABUTMENTS

- Use 18° angled conical abutments or straight conical abutments.
- Select the appropriate abutment height based on evaluation of the gingival height.



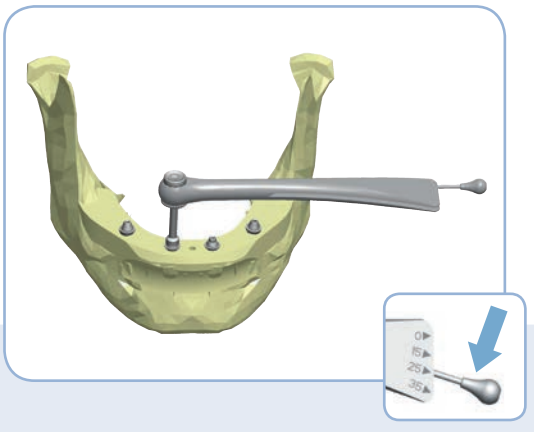
3

18° Angled conical abutments:

- Use the abutment holders to properly position the abutments strictly parallel to each other and to the vertical lines on the guide.
- Tighten the MU Black Tite® M1.6 screw using the long hexagonal wrench.
- Torque to 25 Ncm:
  - using the ratchet torque wrench and the hexagonal wrench,
  - or the TORQ CONTROL® and the hexagonal mandrel.

Straight conical abutments:

- Use the straight conical abutment wrench to insert the abutment into the implant.
- Torque to 25 N.cm:
  - using the ratchet torque wrench and the straight conical abutment wrench
  - or the TORQ CONTROL® and the straight conical abutment mandrel.



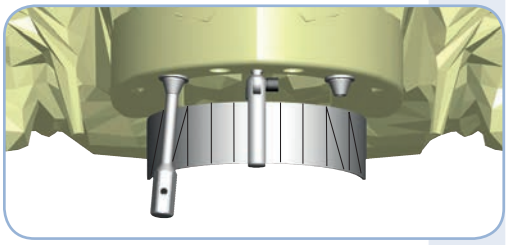
4. Maxilla preparation: prosthetic components

For better understanding, Axiom® REG/PX Multi-Unit abutments have been used for all the illustrations.

1

CONNECTION OF POSTERIOR CONICAL ABUTMENTS

- Use 30° angled conical abutments.
- Select the appropriate abutment height based on evaluation of the gingival height.
- Use the abutment holders to properly position the abutments strictly parallel to each other and to the vertical lines on the guide.
- Tighten the MU Black Tite® M1.6 screw using the long hexagonal wrench.
- Torque to 25 N.cm:
  - using the ratchet torque wrench and the hexagonal wrench,
  - or the TORQ CONTROL® and the hexagonal mandrel.



2

PLACEMENT OF ANTERIOR CONICAL ABUTMENTS

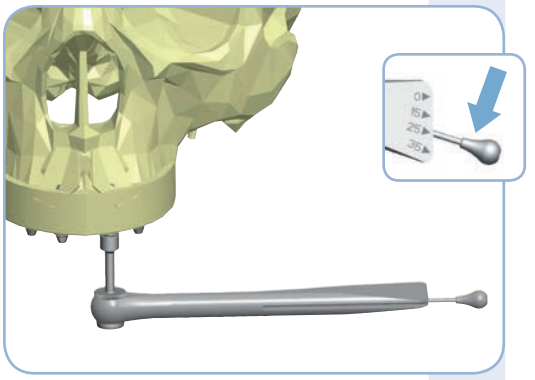
- Use 18° angled conical abutments or straight conical abutments.
- Select the appropriate abutment height based on evaluation of the gingival height.

18° Angled conical abutments:

- Use the abutment holders to properly position the abutments strictly parallel to each other and to the vertical lines on the guide.
- Tighten the MU Black Tite® M1.6 screw using the long hexagonal wrench.
- Torque to 25 N.cm:
  - using the ratchet torque wrench and the hexagonal wrench
  - or the TORQ CONTROL® and the hexagonal mandrel.

Straight conical abutments:

- Use the straight conical abutment wrench to insert the abutment into the implant.
- Torque to 25 Ncm:
  - using the ratchet torque wrench and the straight conical abutment wrench,
  - or the TORQ CONTROL® and the straight conical abutment mandrel.



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3. Prosthetic protocols: axiom® the new dimension

The Axiom® prosthetic range is common to implants Axiom® REG and Axiom® PX.

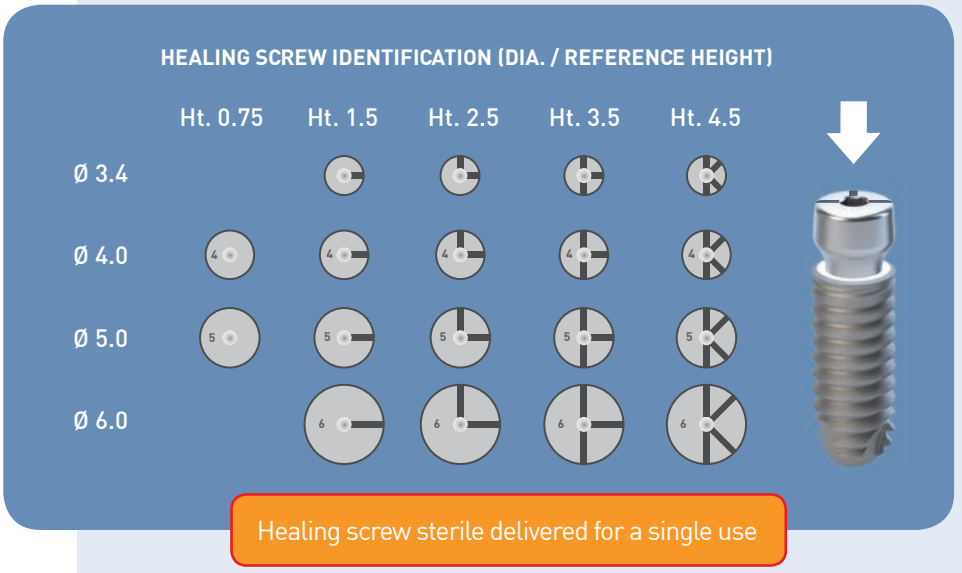
The prosthetic range of the Axiom® dental implant system is comprehensive. It allows the making of single-unit or multiple-unit, cemented or screw-retained prostheses, as well as the overdenture stabilization.

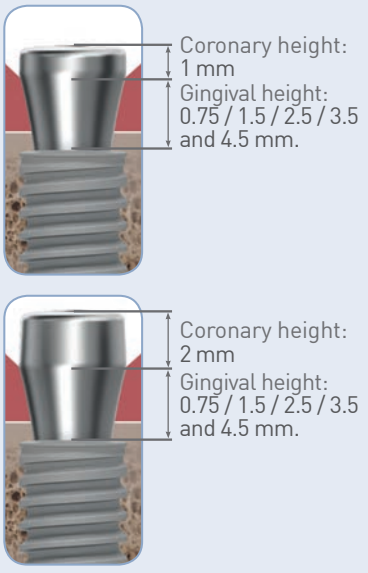
With its unique prosthetic connection (Ø 2.7 mm), the Axiom® prosthetic range is compatible with all Axiom® REG and Axiom® PX implants.

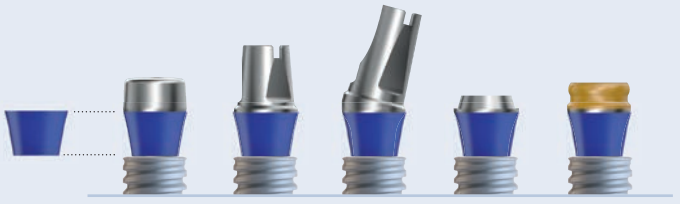
In order to optimise aesthetics, the abutments are available in several emergence profile diameters, calibrated on the diameters of the healing screws. The previous table « selection of the healing screw » (see p. 19), provides guidelines for the selection of the appropriate diameter.

Some prosthetic components such as the standard titanium abutments (cemented prosthesis) and conical abutments (screw-retained prosthesis) are supplied sterile for immediate, final placement in the mouth.
Reduced handlings helps not only to preserve peri-implant tissue but also to shorten the treatment time.

A. « CONSTANT EMERGENCE PROFILE » OF THE AXIOM® RANGE







Constant emergence profile between the several prosthetic components, from the healing screw to the final abutment.

B. PROSTHETIC COMPONENTS FOR THE AXIOM® RANGE

Prefabricated components are intended for use as accessories to dental implants to support implant-supported restorations.

COMPONENTS	DESCRIPTION	Single -unit	Multiple -unit	Full-arch	Cement-retained prosthesis	Screw-retained prosthesis	INDICATIONS	PAGE
Temporary abutments NEW DESIGN! (Supplied sterile) Ø 3.4, 4.0, 5.0, 6.0 mm		U				V	Immediate prosthetic temporization.	30
Aesthetic titanium abutments Ø 3.4, 4.0, 5.0, 6.0 mm		U	P		S		Aesthetic restoration.	32
Aesthetic zirconia abutments NEW DESIGN! 5.0 mm		U			S		All-ceramic restoration.	34
Standard titanium abutments (Supplied sterile) Ø 3.4, 4.0, 5.0, 6.0 mm		U	P		S		Immediate or delayed placement.	36
Gold-cast-on abutment Ø 4.0 mm		U screw-retained or cement retained prosthesis	P cement retained prosthesis		S single-unit or multiple-unit	V single-unit		38
Gold-cast-on abutment Ø 4.0 mm		U	P		S			40
Multi-Unit common platform Ø 4.8 mm straight and angulated abutments NEW!			P	C		V		44
Multi-Unit narrow platform Ø 4.0 mm straight abutments NEW!			P	C		V		48
Pacific system on Multi-Unit narrow platform Ø 4.0 mm abutments NEW!			P	C		V		52
Conical abutments Straigth Ø 4.0 mm (OPSC) **Angulated** Ø 4.8 mm (OPAC)			P	C		V		54
Pacific system on straight conical OPSC abutment			P	C		V	Screw-retained restoration with straight conical abutments.	58
Locator® abutments Ø 4.0 mm				C			Overtdenture Stabilization.	60

WARNING! The emergence profile should not be reworked so as to preserve the surface state at the gingival level. All of the components assembled onto the implant are fixed definitively by tightening at 25 N.cm except for the healing screws and closure screws. Rework of prosthetic components may compromise the mechanical strength of the prosthetic reconstruction and the result in implant failure.

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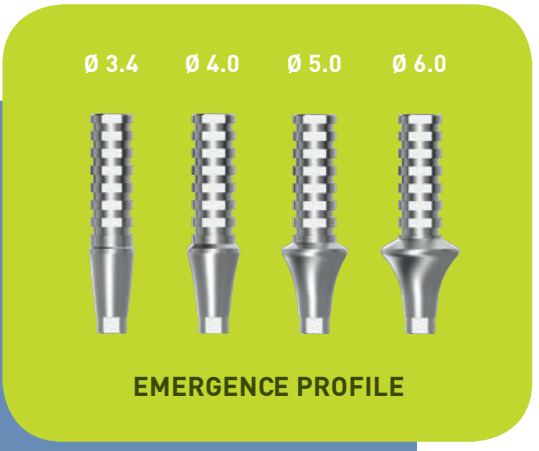
C. TEMPORARY ABUTMENTS (SUPPLIED STERILE)

NEW DESIGN!

1. Indications

- Single-unit or multiple unit-restorations
- Immediate implant loading
- Prosthetic temporization



INSTRUCTIONS FOR USE

- Recommended for use as screw-retained prosthesis.
- The coronal surface of the abutment allows a resin to adhere for temporary restoration. Hold can be increased by light transverse grooves or by sanding.
- The temporary abutment is supplied decontaminated and sterile with its fixation screw for direct placement in the mouth.
- The recommended tightening torque for the abutment fixation screw is **25 N.cm**. The abutment is inserted into the implant with indexation for fast and easy positioning into the implant.

2. Choice of abutment

Select the abutment from the **5 available gingival heights (0.75, 1.5, 2.5, 3.5 and 4.5 mm)** and the **4 emergence profiles (3.4 / 4.0 / 5.0 / 6.0 mm).**
The abutment is ideally chosen depending on the emergence profile.

NOTE : try-in abutments are also available to help in the choice of gingival height.

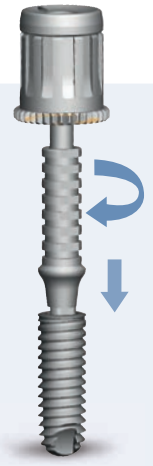
3. User protocol

Equipment required

1

CONNECTING THE ABUTMENT :

- Connect the temporary abutment onto the implant with the short M 1.6 laboratory screw and the long hexagonal wrench (moderate manual tightening).
- Proceed to the abutment modification.
- Replace the short M 1.6 screw by the long M 1.6 laboratory screw. Tighten manually with the short hexagonal wrench.



2

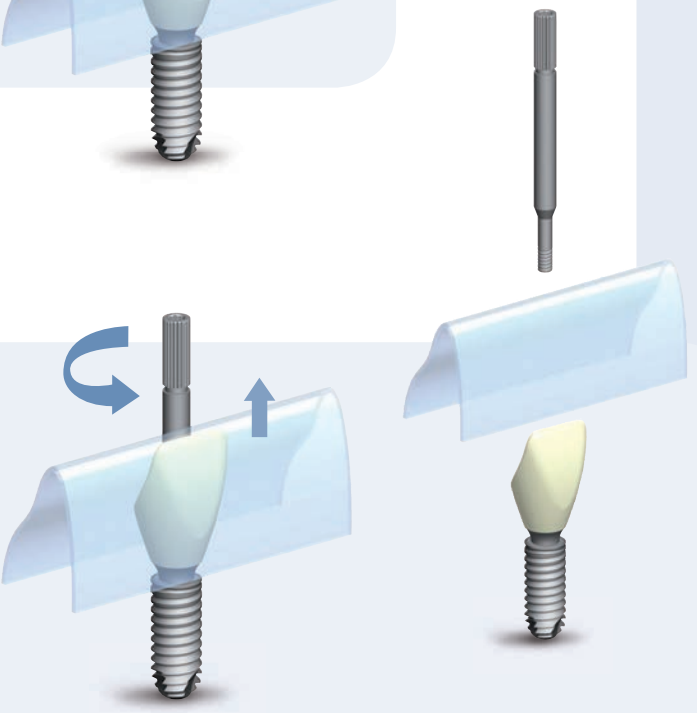
PERFORMING THE TEMPORARY RESTORATION:

- → Fill the plastic mold or pre-perforated thermo-tray with acrylic resin.
- → Cover the abutment (leaving the laboratory screw emerging through the opened thermo-tray).
- → Polymerise the resin or leave it to harden.

3

REMOVING THE TEMPORARY RESTORATION AND MAKING ADJUSTMENTS:

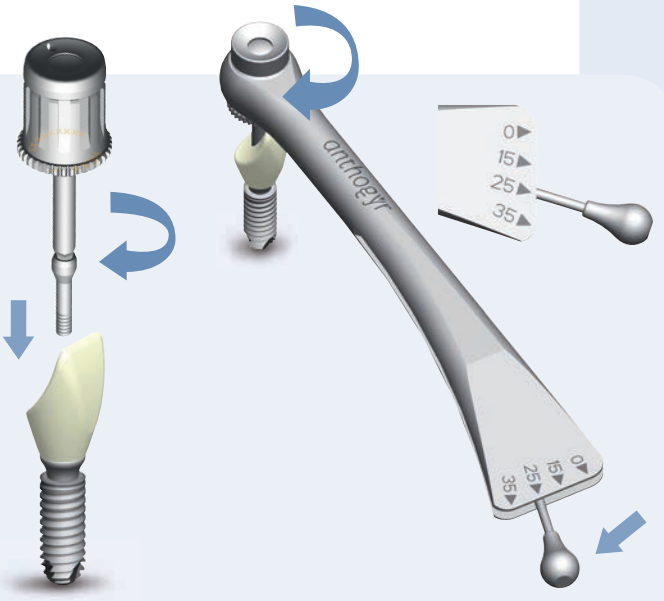
- → Remove the laboratory screw.
- → Remove the thermo-tray with the resin and the temporary abutment.
- → Separate the temporary restoration from the thermo-tray.
- → Make the final adjustments and polish.



4

CONNECTING THE TEMPORARY PROSTHESIS:

- → Reposition the temporary prosthesis with the M1.6 fixation screw (supplied with the temporary abutment).
- → A retro-alveolar radiograph may help to confirm complete connection between the implant and the standard titanium abutment.
- ⚠ Tighten at **25 N.cm** using the dynamometric ratchet wrench and the hexagonal wrenches or the Torq Control® and hexagonal mandrels.
- → Close the access cavity(ies) with filling material after protecting the head of the screw.



WARNING! When immediate loading procedure is not planned, it is essential to position the temporary prosthesis in sub-occlusion pending the final prosthesis, in order to ensure integrity of the device.

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D. AESTHETIC TITANIUM ABUTMENTS (SUPPLIED NON STERILE)

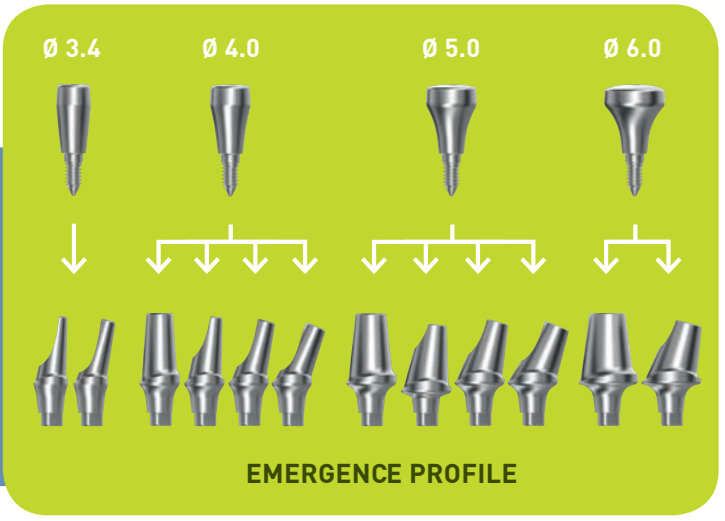
Supplied non sterile

1. Indications

- Single-unit cement retained restoration
- Multiple-unit cement retained restoration

INSTRUCTIONS FOR USE

- The aesthetic titanium abutment is supplied decontaminated and non-sterile with its fixation screw.
- The impression is taken directly at the implant level by taking a Pick-up or Pop-in impression.
- The prosthesis and any re-working on the abutment are performed in the laboratory.
- The recommended tightening torque for the aesthetic titanium abutment fixation screw is **25 N.cm.**



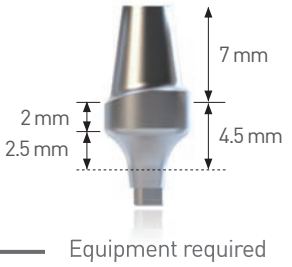
2. Selection of abutment

Select the abutment from the **5 gingival heights (0.75, 1.5, 2.5, 3.5 and 4.5 mm), the 4 prosthesis emergence profiles (3.4, 4.0, 5.0 and 6.0 mm) and coronary angulation (0°, 7°, 15° and 23°) available.** Ideally, the abutment is chosen depending on the healing screw *in situ*, observing the concept of preserving the emergence profile.

NOTE : Try-in abutments are available to facilitate the choice of the abutment. Straight and angulated abutments follow the same protocol of use. When using aesthetic abutments, take into consideration the implant orientation.

NOTE : AESTHETIC titanium abutments with Gh 4.5mm have a specific gingival profile to be used in the following situations :

- Gingival height of 4.5 mm and coronary height of 7 mm.
- Gingival height of 2.5 mm and coronary height of 9 mm.
  In order to obtain this abutment with a coronary height of 9 mm the laboratory should rework the 2 mm cylindrical part.



3. User protocol

Equipment required

Hexagonal mandrels

Hexagonal wrenches

Black Tite® fixation screw M1.6

Laboratory M1.6 screw

Pick-up Transfer

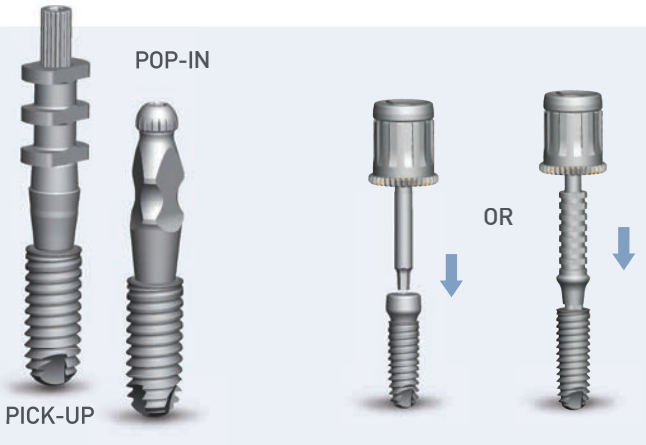
Pop-in Transfer

Implant analog

1

IMPRESSION-TAKING:

- Remove the healing screw using the long hexagonal wrench.
- Insert the Pick-up or Pop-in transfer into the implant and tighten the transfer screw (moderate manual tightening).
- Take an impression using a closed impression tray (Pop-in technique) or open impression tray (Pick-up technique).
- Re-insert the healing screw selected or make a temporary prosthesis using the temporary abutment (see p. 30).



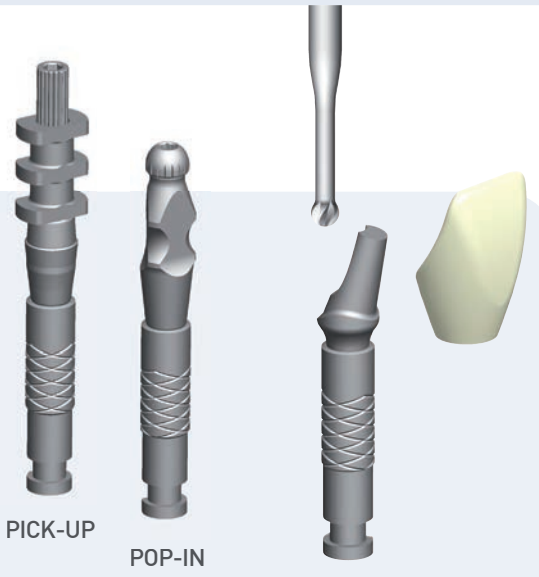
2

IMPRESSION TRANSFER AND FASHIONING THE MASTER MODEL:

→ Prepare the master model.

→ Insert the aesthetic titanium abutment fully into the analog in the correct orientation and tighten it with the laboratory M1.6 fixation screw.

→ Adapt abutment by drilling and fashion the definitive prosthesis.



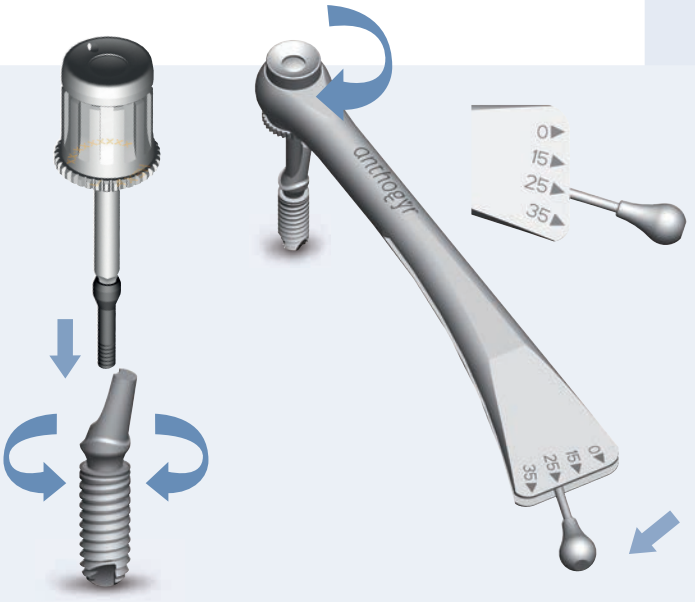
3

PLACING THE ABUTMENT:

→ Insert, indexing the abutment into the implant in the correct orientation and screw the **Black Tite®** M1.6 fixation screw supplied.

→ A retro-alveolar x-ray may be performed to confirm that the abutment is completely connected to the implant.

⚠ Tighten at **25 N.cm** using the dynamometric ratchet wrench or Torq Control®.

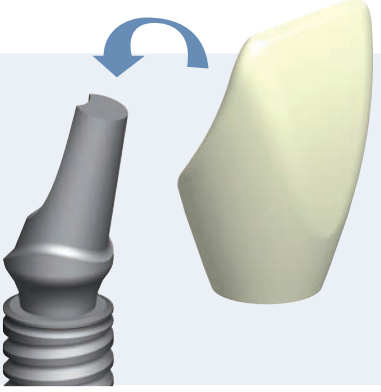


4

RESTORATION:

→ Close the access cavity(ies) with a filling material after protecting the screw head.

→ Cement the crown definitively onto the abutment in the mouth.



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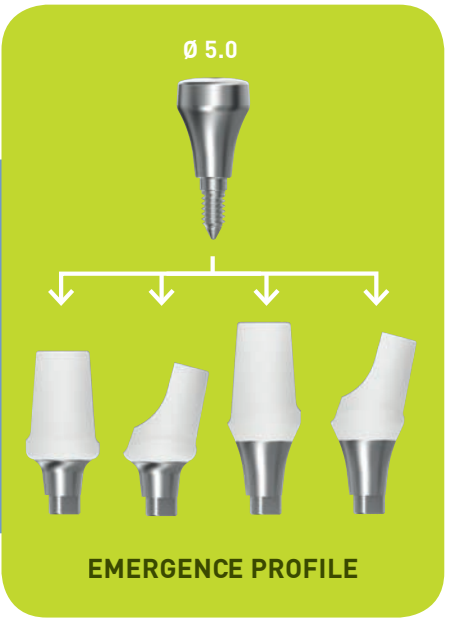
E. AESTHETIC ZIRCONIA ABUTMENTS (SUPPLIED NON STERILE)

NEW DESIGN!

1. Indications

→ Single-unit, cement retained restoration



INSTRUCTIONS FOR USE

→ The aesthetic zirconia abutment is supplied decontaminated and non-sterilized with its fixation screw.

→ The impression shall be taken directly at the implant level.

→ Any rework of the zirconia part constitutes a risk of mechanical weakening of the part. If reworks are realized, it is necessary to follow recommendations mentionned here after.

→ The recommended tightening torque for the aesthetic zirconia abutment fixation screw is **25 N.cm.**

2. Selection of abutment

Select the abutment from the **2 gingival heights (1.5 and 3.5 mm) and coronary angulations (0° and 15°) available.** Ideally the abutment is chosen depending on the healing screw *in situ*, observing the concept of preserving the emergence profile.

NOTE : try-in abutments are available to facilitate the choice of abutment.

3. User protocol

Equipment required

Hexagonal mandrels

Hexagonal wrenches

Black Tite® M1.6 prosthetic screw

Titanium M1.6 prosthetic screw

Pick-up Transfer

Pop-in Transfer

Implant analog

1

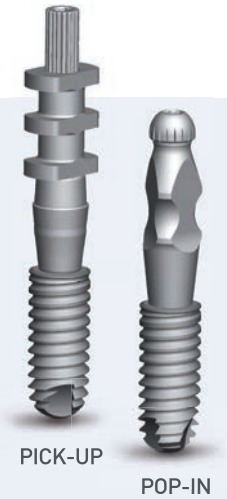
IMPRESSION-TAKING :

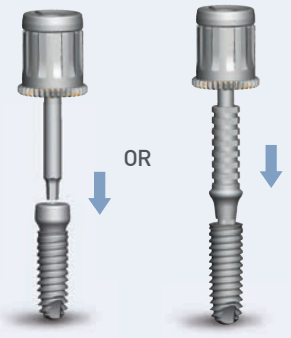
→ Remove the healing screw using the hexagonal wrench.

→ Insert the Pick-up or Pop-in transfer into the implant and tighten the transfer screw (moderate manual tightening).

→ Take an impression using a closed impression tray (Pop-in technique) or open impression tray (Pick-up technique).

→ Re-insert the healing screw *in situ* or make a temporary prosthesis using the temporary abutment (see. p. 30).





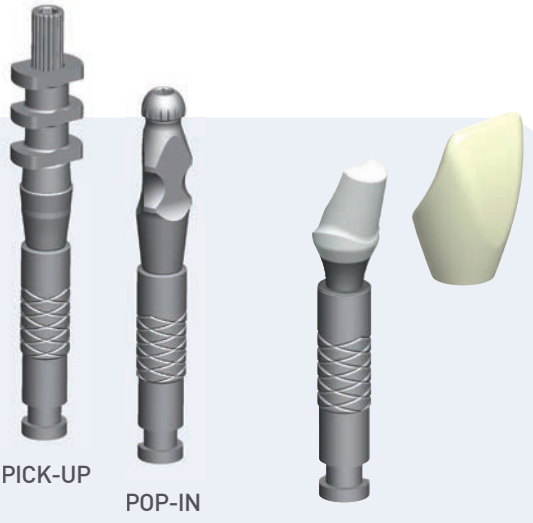
2

IMPRESSION TRANSFER AND FASHIONING THE MASTER MODEL:

→ Prepare the master model.

→ Insert, indexing the aesthetic zirconia abutment selected into the analog, orientating it correctly and screwing the laboratory M1.6 titanium screw.

→ If necessary adjust the volume of the abutment by drilling (fine 30 µm diamond tipped drill bit on multiplier contra-angle at 150,000-200,000 rpm with irrigation) and fashion the definitive prosthesis (keep minimum 0.5 mm material).



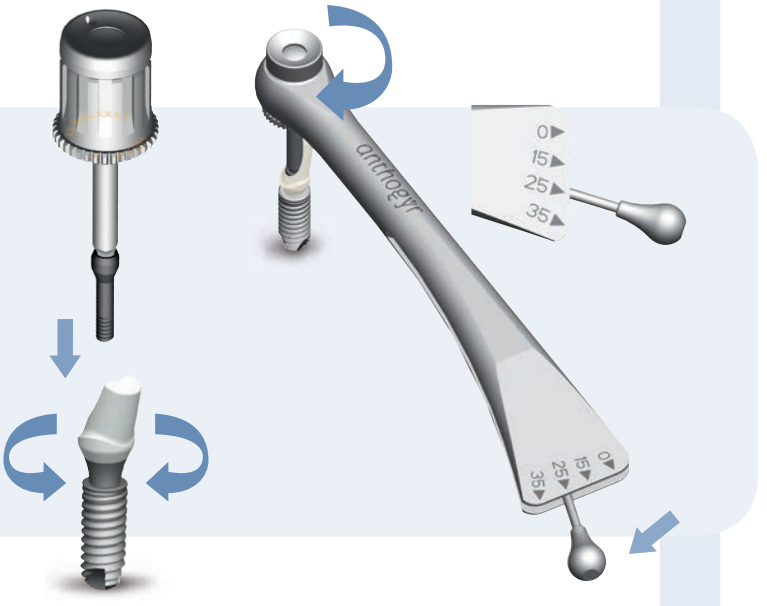
3

PLACING THE ABUTMENT:

→ Insert, indexing the abutment into the implant in the correct orientation and screw the **Black Tite®** M1.6 fixation screw supplied.

→ A retro-alveolar x-ray may be performed to confirm that the abutment is completely connected to the implant.

WARNING ! Tighten at **25 N.cm** using the dynamometric ratchet wrench or Torq Control®.

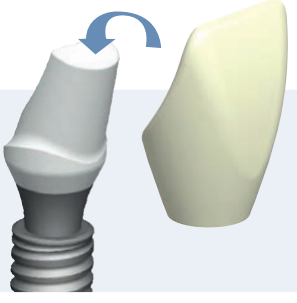


4

RESTORATION:

→ Close the access cavity(ies) with a filling material after protecting the screw head.

→ Seal the crown definitively onto the abutment in the mouth.



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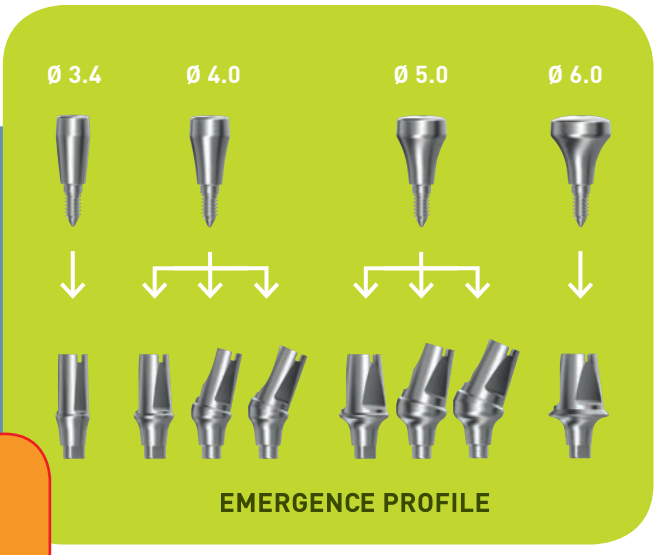
F. STANDARD TITANIUM ABUTMENTS (SUPPLIED STERILE)

1. Indications

- Single-unit cement retained restoration
- Multiple-unit cement retained restoration, parallel implants



INSTRUCTIONS FOR USE

- The standard titanium abutment is supplied decontaminated and sterilized with its fixation screw for direct placement in the mouth.
- The impression is taken from the abutment in order to reduce the parodontal manipulations.
- The recommended tightening torque for the standard titanium abutment fixation screw is **25 N.cm**.

WARNING! Do not re-work the abutment, in order not to compromise the impression taking. If re-working is performed, take the conventional impression directly on the implant or take a conventional impression onto abutment.

2. Selection of abutment

Select the abutment from the **3 gingival heights (1.5, 2.5 and 3.5 mm), the 2 coronary heights (4.0 and 6.0 mm) and the 2 possible angles of angulated abutment non indexed (15°and 23°) available.** The abutment is ideally chosen depending on the healing screw in situ and observing the concept of preservation of the emergence profile. Select the abutment in order that no re-working is required.

NOTE : try-in abutments are available to facilitate the choice of the abutment. Straight and angulated abutments follow the same protocol of use. When using angulated abutments, take into consideration the implant orientation.

3. User protocol

Equipment required

Hexagonal mandrels

Hexagonal wrenches

Black Tite® fixation screw M1.6

Impression transfer

Protocol coping

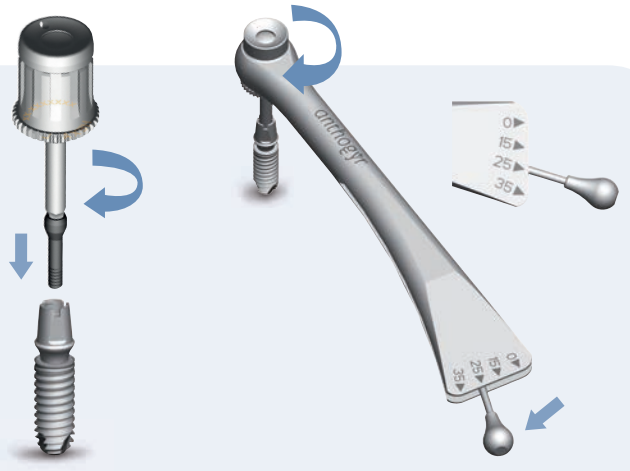
Rotational and anti-rotational copings

Abutment analog

1

CONNECTING THE ABUTMENT:

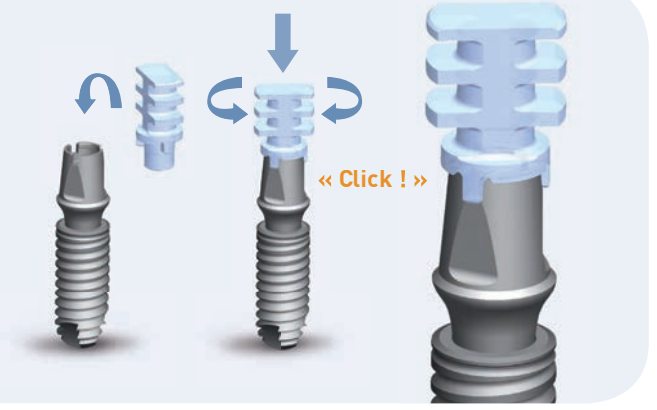
- Remove the healing screw using the long hexagonal wrench.
- Insert the standard titanium abutment selected fully into the implant and tighten the M1.6 **Black Tite®** fixation screw provided.
- A retro-alveolar x-ray may be performed to confirm that the abutment is completely connected to the implant.
- Tighten at **25 N.cm** using the dynamometric ratchet wrench and the hexagonal wrenches or the Torq Control® and hexagonal mandrels.



2

IMPRESSION-TAKING FROM THE ABUTMENT:

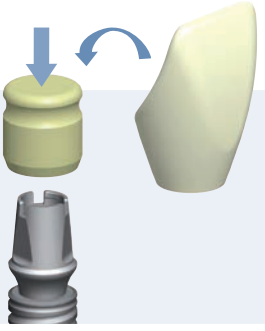
- → Place the impression transfer on the top of the standard titanium abutment.
- → Maintain slight pressure, applying rotation to index the transfer with the abutment.
- → Once the indexation is in place, press the transfer onto the non-re-worked abutment until it clicks.
- → Take a conventional impression using a standard impression tray.
- → Once the impression has been taken, close the access cavity with filling material after protecting the screw head.



3

PROTECTING THE ABUTMENT AND TEMPORARY PROSTHESIS:

- → Clean the abutment thoroughly.
- → Seal the protective coping. This can also be used to make a temporary tooth.



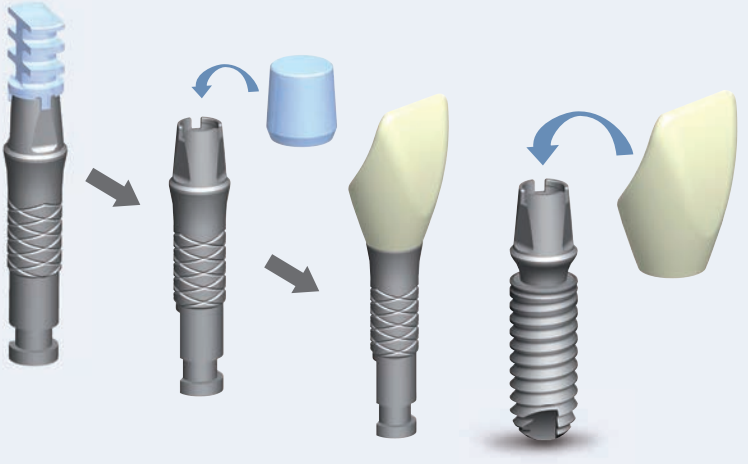
4

MASTER MODEL AND PROSTHESIS:

- → Insert the abutment analog in the transfer into the impression intrados (until a click is heard) after visualising the relative position of the analog in the impression.
- → Check that the analog is correctly fixed in the impression (if necessary, repeat the procedure) and pour the master model.
- → Fashion the metal frame using the castable coping. Cover the analog's crown with spacer (necessary to stabilize the castable coping).
- → Prepare the final prosthesis according to current restoration protocols.
- → Close the access cavity(ies) with a filling material after protecting the screw head. Cement the crown with temporary cement onto the abutment in the mouth.

NOTE : rotational or anti-rotational castable copings are available depending on the cement-retained prosthesis (for multiple or unit procedures respectively).

« Click ! »



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G. GOLD CAST-ON ABUTMENT (SUPPLIED NON STERILE)

1. Indications

→ Single-unit screw-retained prosthesis
→ Single-unit or multiple-unit cement retained restoration

INSTRUCTIONS FOR USE

→ The gold cast-on abutment is supplied with its fixation screw.
→ One single emergence profile available with the gold cast-on abutment (4.0 mm).
→ **FEATURES OF THE CAST-ON ABUTMENT CERAMICOR (OPOG110) :**
- composition CERAMICOR : Au 60 % / Pd 20 % / Pt 19 % / Ir 1 %.
- melting interval : 1400°C – 1490°C.

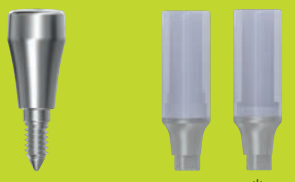
Contact : *Cendres + métaux SA - Phone +41 58 360 20 00 - Fax +41 58 360 20 10*

→ **FEATURES OF THE CAST-ON ABUTMENT PIVOSYL (OPOG100) :**
- composition PIVOZYL : Au 8 % / Ag 37 % / Pt 25 % / Pd 30 %.
- melting interval : 1285°C – 1355°C.

Contact : *Cookson-Clal - Phone +33(0)1 44 61 10 91 - Fax +33(0)1 44 61 10 89*
Email : contact @ cookson-clal.com

→ The impression shall be taken at the implant level.
→ The abutment is re-worked and the prosthesis is made only in the laboratory.
→ The recommended tightening torque for the gold cast-on abutment fixation screw is **25 N.cm.**

Ø 4.0, H. 1.5



*

EMERGENCE PROFILE

*The gold cast-on abutment is also available in Pivosyl under the Ref. **OPOG100** (subject to stock availability). The user protocol and indications are identical to the gold cast-on abutment Ref. **OPOG110**.

2. User protocol

Equipment required

Hexagonal mandrels

Hexagonal wrenches

Black Tite® fixation screw M1.6

Laboratory screw M1.6

Long laboratory screw

Pick-up Transfer

Pop-in Transfer

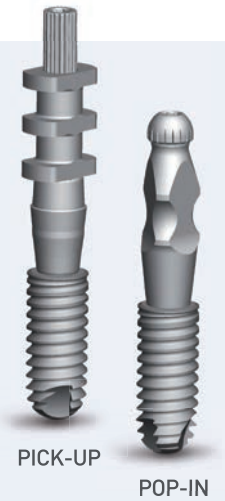
Implant analog

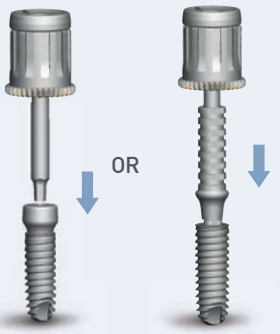
1

IMPRESSION-TAKING:

→ Remove the healing screw using the long hexagonal wrench.
→ Insert the Pick-up or Pop-in transfer into the implant and tighten the transfer screw (moderate manual tightening).
→ Take an impression using a closed impression tray (Pop-in technique) or open impression tray (Pick-up technique).
→ Re-insert the healing screw *in situ* or make a temporary prosthesis using the temporary abutment (see. p. 30).

WARNING! The single size of the gold cast-on abutment has a single dimension of healing screw. Observe the concept of preservation of the emergence profile.





2

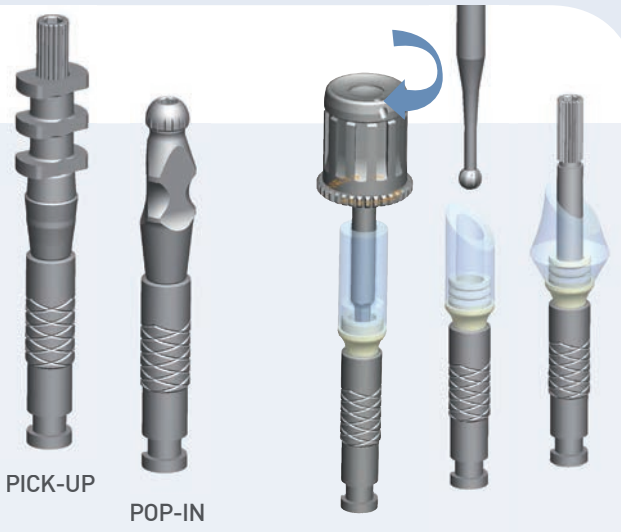
IMPRESSION TRANSFER AND FASHIONING THE MASTER MODEL:

→ Prepare the master model.

→ Insert the gold cast-on abutment into the analog and tighten the laboratory M1.6 fixation screw.

→ Adjust the castable sleeves in order to recreate a made-to-measure abutment by drilling and/or adding calcinable resin (wax).

NOTE: use the M1.6 long laboratory screw to preserve the screw spirals when adding resin.



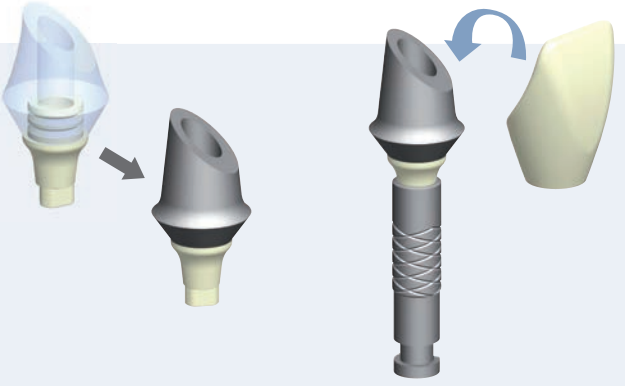
3

FASHIONING THE ABUTMENT AND DEFINITIVE CROWN:

→ Carefully remove the personalized gold cast-on abutment from the master model.

→ Mold the abutment following the material manufacturer's recommendations and using the current coating procedure.

→ Replace the abutment on the master model with the M1.6 fixation screw in the correct orientation and make the definitive prosthesis.



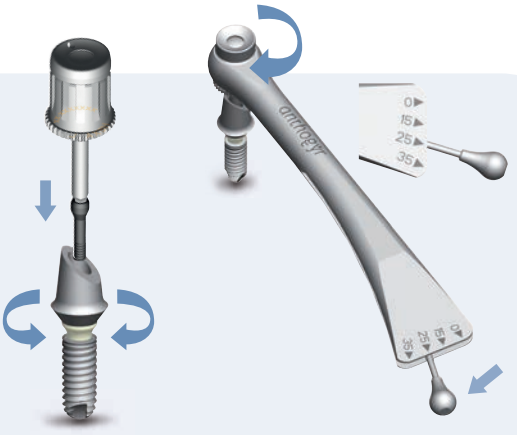
4

PLACING THE ABUTMENT:

→ Insert, indexing the gold cast-on abutment into the implant in the correct orientation and screw the **Black Tite®** M1.6 fixation screw supplied.

→ A retro-alveolar x-ray may be performed to confirm that the abutment is completely connected to the implant.

⚠ Tighten at **25 N.cm** using the dynamometric ratchet wrench or Torq Control®.

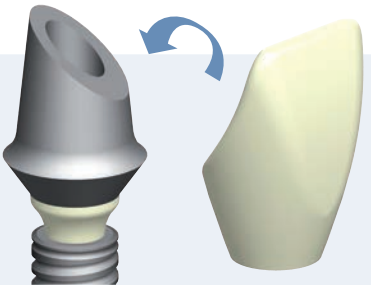


5

RESTORATION:

→ Close the access cavity(ies) with a filling material after protecting the screw head.

→ Cement the crown definitively onto the abutment in the mouth.



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H. REWORKABLE ABUTMENT (SUPPLIED NON STERILE)

1. Indications

→ Single-unit or multiple-unit cement retained restoration

Ø 4.0, H. 1.5

EMERGENCE PROFILE

INSTRUCTIONS FOR USE

→ The reworkable abutment is delivered decontaminated and non-sterile with its fixation screw.

→ The impression shall be taken at the implant level.

→ The abutment is reworked and the prosthesis is made only in the laboratory (recommended minimum residual thickness : 0.5 mm).

→ The recommended tightening torque for the reworkable abutment fixation screw is **25 N.cm.**

2. User protocol

Equipment required

Hexagonal mandrels

Hexagonal wrenches

Black Tite® fixation screw M1.6

Laboratory screw M1.6

Pick-up Transfer

Pop-in Transfer

Implant analog

1

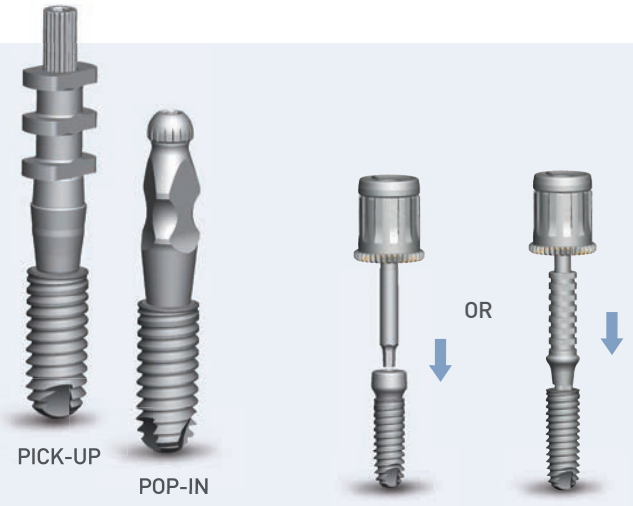
IMPRESSION-TAKING :

→ Remove the healing screw using the long hexagonal wrench.

→ Insert the Pick-up or Pop-in transfer into the implant and tighten the transfer screw (moderate manual tightening).

→ Take an impression using a closed impression tray (Pop-in technique) or open impression tray (Pick-up technique).

→ Re-insert the healing screw *in situ* or make a temporary prosthesis using the temporary abutment (see p. 25).

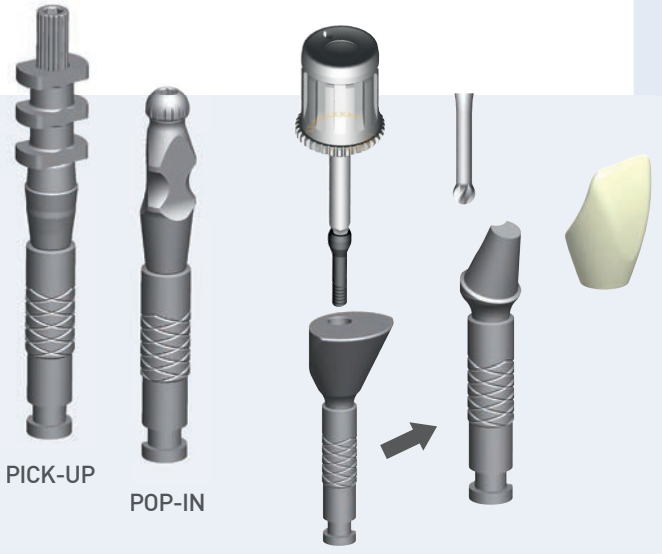


WARNING! The single size of the reworkable abutment has a single dimension of healing screw. Observe the concept of preservation of the emergence profile.

2

IMPRESSION TRANSFER AND FASHIONING THE MASTER MODEL:

- → Prepare the master model.
- → Insert the reworkable abutment into the analog, correctly orientating it and screw the laboratory M1.6 fixation screw.
- → Size the reworkable abutment by drilling (fine 30 µm diamond tipped drill bit on multiplier contra-angle at 150,000-200,000 rpm under irrigation) directly on the master model (keep minimum 0.5 mm material).
- → Make the definitive prosthesis.

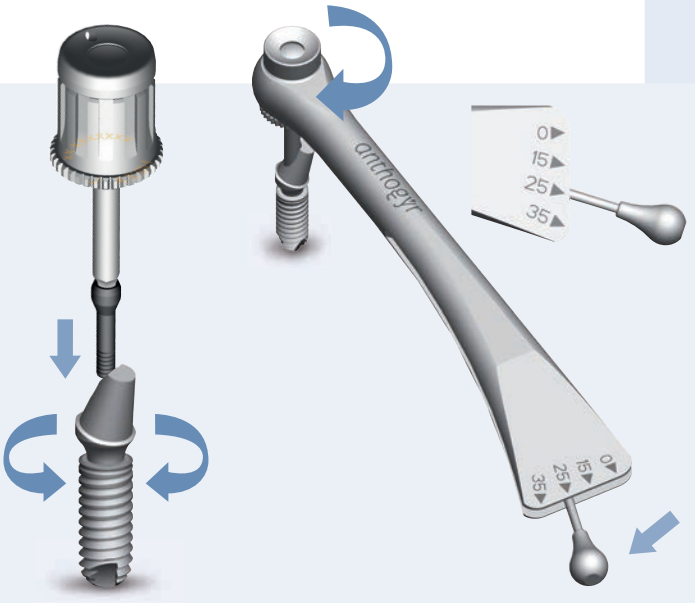


3

PLACING THE ABUTMENT:

- → Insert, indexing the reworkable abutment into the implant in the correct orientation and tighten the **Black Tite®** M1.6 fixation screw supplied.
- → A retro-alveolar x-ray may be performed to confirm that the abutment is completely connected to the implant.

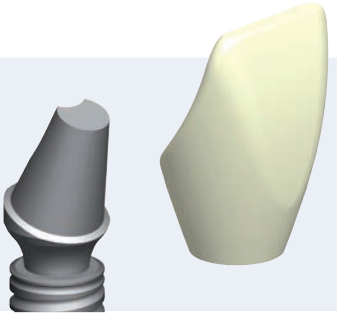
⚠ Tighten at **25 N.cm** using the dynamometric ratchet wrench or Torq Control®.



4

RESTORATION:

- → Close the access cavity(ies) with a filling material after protecting the screw head.
- → Cement the crown definitively onto the abutment in the mouth.



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I. MULTI-UNIT ABUTMENTS (SUPPLIED STERILE) NEW!

a. Introduction

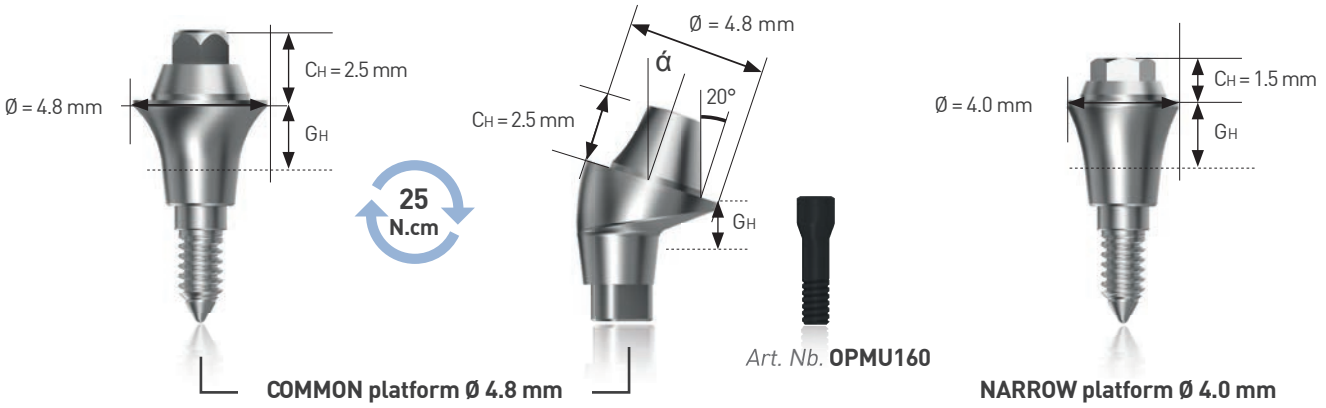
The Multi-Unit Axiom® REG/PX abutment range includes:

→ Straight and angled abutments with COMMON platform 4.8 mm and auxiliary components that can be used with both versions.

→ Straight abutments with a NARROW platform 4.0 mm and dedicated auxiliary components.

All Multi-Unit abutments come with their attached Multi-Unit maniupulation tool for easy placement.

The recommended torque for 4.8 mm and 4.0 mm Multi-Unit abutments is **25 N.cm**.
Connection of angled Multi-Unit abutments to Axiom® REG/PX implants is performed using a dedicated Multi-Unit M1.6 fixation screw.

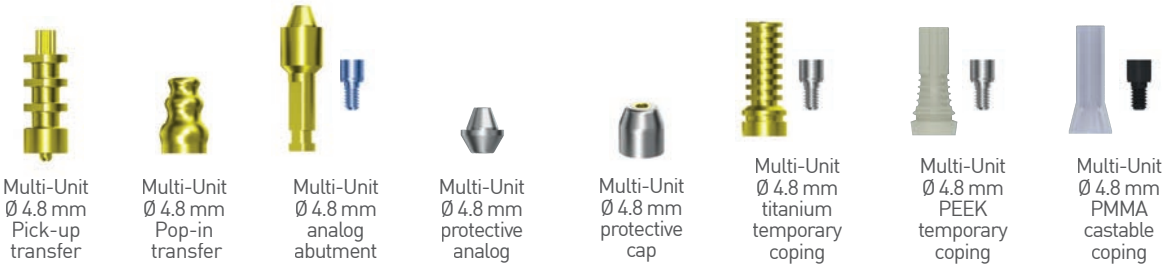


Ø 4.8 mm and 4.0 mm straight Multi-Unit abutments should be tightened at **25 N.cm** either with the Multi-Unit mandrel **MUM100** or the Multi-Unit wrench **MUW100**.

Connection of temporary or permanent auxiliary components to Multi-Unit abutments requires the use of the dedicated Multi-Unit M1.4 fixation screws using a torque of **15 N.cm**. Protective caps must be hand tightened. Multi-Unit M1.4 fixation screws are compatible with both 4.8 mm and 4.0 mm platforms. A color coding system is used for all auxiliary components for 4.8 mm and 4.0 mm Multi-Unit abutments:

- → Laboratory screws (Multi-Unit titanium M1.4 screws and Multi-Unit laboratory screws) for use with 4.8 mm and 4.0 mm Multi-Unit abutments: Blue color code.
- → Components for use with 4.8 mm Multi-Unit abutments: Yellow color code on whole or part of the component.
- → Components for use with 4.0 mm Multi-Unit abutments: Green color code on whole or part of the component.
- → Components for 4.0 mm Multi-Unit abutments are lasermarked « N* » for « Narrow ».

Auxiliary components intended for use with Multi-Unit COMMON platform 4.8 mm



Multi-Unit Ø 4.8 mm Pick-up transfer

Multi-Unit Ø 4.8 mm Pop-in transfer

Multi-Unit Ø 4.8 mm analog abutment

Multi-Unit Ø 4.8 mm protective analog

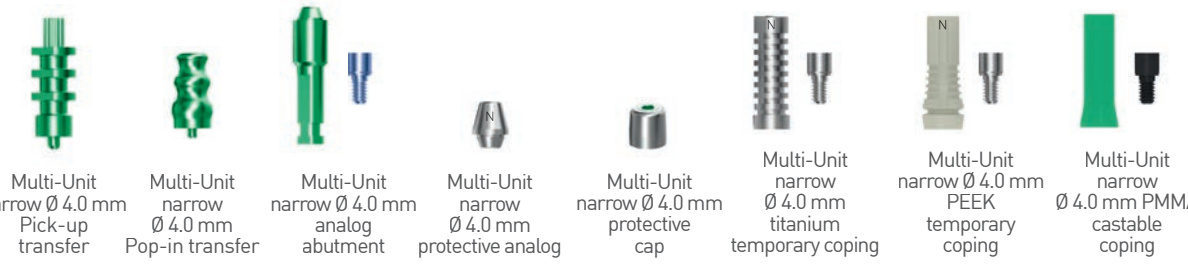
Multi-Unit Ø 4.8 mm protective cap

Multi-Unit Ø 4.8 mm titanium temporary coping

Multi-Unit Ø 4.8 mm PEEK temporary coping

Multi-Unit Ø 4.8 mm PMMA castable coping

Auxiliary components intended for use with Multi-Unit NARROW platform 4.0 mm



Multi-Unit narrow Ø 4.0 mm Pick-up transfer

Multi-Unit narrow Ø 4.0 mm Pop-in transfer

Multi-Unit narrow Ø 4.0 mm analog abutment

Multi-Unit narrow Ø 4.0 mm protective analog

Multi-Unit narrow Ø 4.0 mm protective cap

Multi-Unit narrow Ø 4.0 mm titanium temporary coping

Multi-Unit narrow Ø 4.0 mm PEEK temporary coping

Multi-Unit narrow Ø 4.0 mm PMMA castable coping

*N for Narrow.

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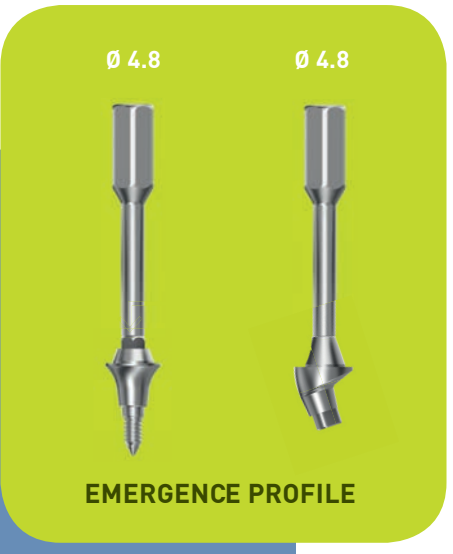
b. Multi-Unit COMMON platform Ø 4.8 mm abutments (SUPPLIED STERILE)

1. Indications

→ Multiple-unit screw-retained restorations



INSTRUCTIONS FOR USE

→ Axiom® REG/PX Multi-Unit conical abutments (straight and angled) and Multi-Unit protective caps are supplied ready for use (i.e. decontaminated and sterilized). Angled abutments are packaged with their Multi-Unit Black Tite® fixation screws (OPMU160).

→ Axiom® REG/PX Multi-Unit are packaged with their attached Multi-Unit holders for easy placement. Once the abutment is properly seated, the holder can be removed.

→ The recommended torque for straight/angled conical abutment fixation screws is 25 N.cm. Auxiliary components have to be torqued to 15 N.cm only.

→ In case of Axiom® REG/PX healing screw placement before Multi-Unit common platform Ø 4.8 abutment placement, it is recommended to use a Ø 5.0 mm healing screw in order not to compress the gum during the conical abutments placement.

→ When the laboratory realizes a multiple-unit prosthesis from a master-model with implant analogs, he must use Multi-Unit Blue M1.6 screws (Art. Nb. OPMU161) supplied unitary.

WARNING! Multi-Unit screws and auxiliary components should be used with Multi-Unit abutments ONLY, and MUST NOT BE USED with OPSC/OPAC conical abutments. Mixing Multi-Unit and OPSC/OPAC components or screws may result in improper fit of the restoration.

2. Complete dental restoration

Complete restoration may be considered immediately after placement of a limited of Axiom® REG/PX angled implants..

3. Selection of the appropriate Multi-Unit conical abutment

Both straight and angled abutments are available.

Straight Multi-Unit abutment: **For a 4.8 mm platform, 4 gingival heights (0.75, 1.5, 2.5 & 3.5 mm) are available.** Two important parameters must be taken into account when selecting the appropriate gingival height for a straight Multi-Unit abutment: height of the inserted healing screw, and maintenance of a constant emergence profile. Alternatively, the healing phase can be managed with the straight conical abutment alone, using the Multi-Unit protective cap (MUCAP).

Angled Multi-Unit abutment: **For a 4.8 mm platform, 4 gingival heights (0.75, 1.5, 2.5 & 3.5 mm) and 2 angulations (18° and 30°) are available in both indexed and non-indexed versions.** Two important parameters must be taken into account when selecting the appropriate gingival height for an angled abutment: height of the inserted healing screw, and maintenance of a constant emergence profile. Alternatively, the healing phase can be managed with the angled conical abutment alone, using the Multi-Unit protective cap (MUCAP).

4. Restorative procedure

Equipment required: **Multi-Unit COMMON platform Ø 4.8 straight and angulated abutments**

Hexagonal mandrels

Hexagonal wrenches

Multi-Unit mandrel and wrench abutment

Multi-Unit Pick-up transfer Ø 4.8 mm

Multi-Unit Pop-in transfer Ø 4.8 mm

Multi-Unit analog abutment Ø 4.8 mm

Multi-Unit protective analog Ø 4.8 mm

Multi-Unit protective cap Ø 4.8 mm

Multi-Unit Ø 4.8 mm titanium temporary coping

Multi-Unit Ø 4.8 mm PEEK castable coping

Multi-Unit Ø 4.8 mm PMMA castable coping

WARNING! Before placing the MULTI-UNIT ABUTMENT in the patient's mouth, make sure that the MULTI-UNIT HOLDER is securely fixed.

1

PLACING THE MULTI-UNIT CONICAL ABUTMENT:

Straight MULTI-UNIT abutment

→ Screw the straight Multi-Unit conical abutment into the implant using the Multi-Unit abutment holder. Then, remove the holder.

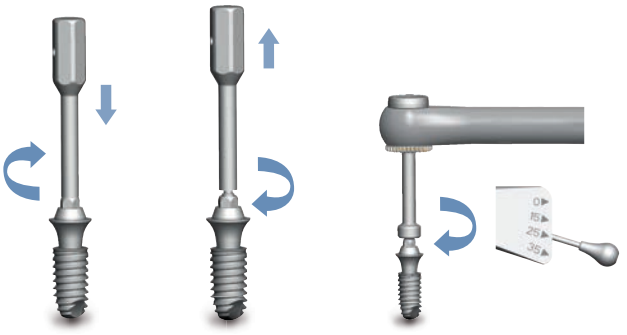
⚠ Torque the straight conical abutment to **25 N.cm** using either the torque wrench and the Multi-Unit wrench, or the TORQ CONTROL® and the Multi-Unit mandrel.

Angled MULTI-UNIT abutment

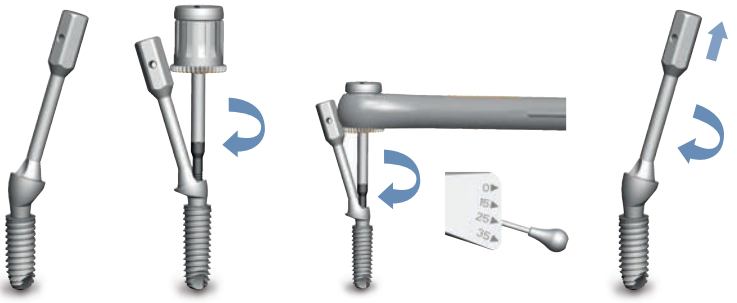
→ Insert the angled Multi-Unit conical abutment in the correct orientation (for indexed components, select the appropriate position). Insert the Multi-Unit Black Tite® M1.6 fixation screw dedicated to Multi-Unit (OPMU160) using the long hexagonal wrench (IN CHELV).

⚠ Torque the screw to 25 N.cm using either the torque wrench (IN CCD) and the long hexagonal wrench, or the TORQ CONTROL® and the hexagonal tightening mandrel. Then, remove the holder.

MULTI-UNIT STRAIGHT CONICAL ABUTMENT



MULTI-UNIT ANGULATED CONICAL ABUTMENT



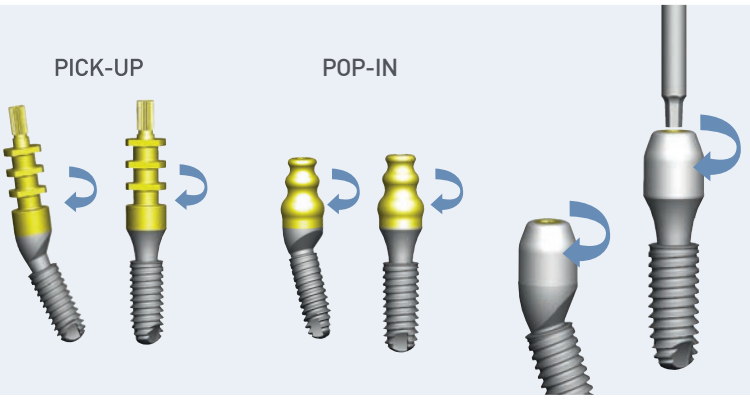
2

IMPRESSION TAKING AND TEMPORIZATION:

→ Place a Multi-unit pick-up (MUT100) or pop-in (MUT200) transfer coping on each conical abutment, and secure it by inserting and hand tightening (using moderate force) a short or long coping screw.

→ Use a closed tray for a pop-in coping impression and an open tray for a pick-up coping impression.

→ At this stage, two options are available: put the Multi-Unit protective caps (MUCAP) back into place and hand tighten them (using moderate force), or do a provisional prosthesis from the appropriate coping(s) (see Step 4).

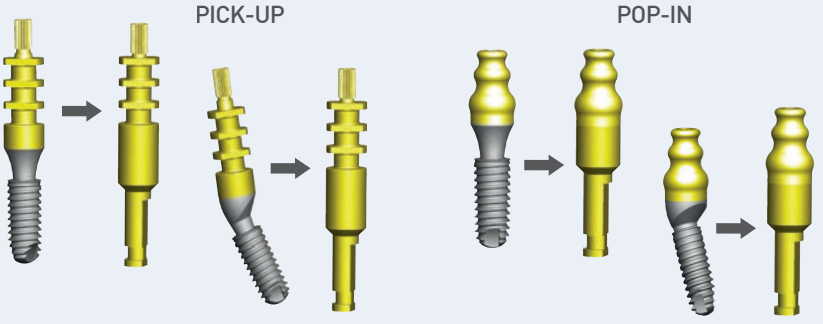


3

LABORATORY:

→ Screw the Multi-Unit analog (MUA100) in each transfer.

→ Create the master model.



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4

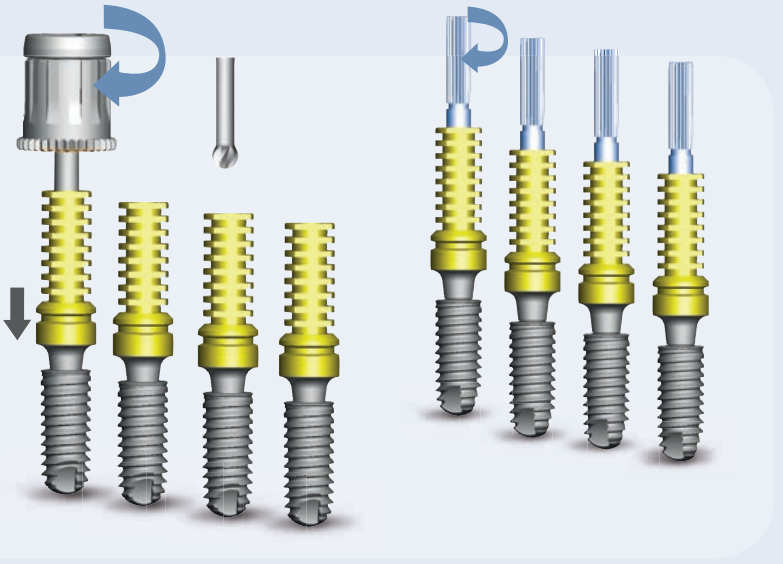
PROVISIONAL

Connect temporary copings

→ Select the appropriate temporary copings: Multi-Unit titanium ones (MUC100), or Multi-Unit PEEK ones (MUC200).

→ Attach the selected temporary copings to the straight or angled Multi-Unit conical abutments using the Multi-Unit titanium M1.4 fixation screws specific for Multi-Unit abutments (MU141) or the corresponding Multi-Unit long pick-up transfer coping screws. Hand tighten with moderate force (torque <15 N.cm) using the long or short hexagonal wrench (IN CHELV or IN CHECV).

→ Make any necessary height adjustments.



Fabricate the provisional

→ Fill a plastic mould or a template with acrylic resin. In the case of a template, holes must be made to allow the long pick-up transfer coping screws to pass through.

→ Place the mould or perforated resin template over the adjusted temporary copings.

→ Allow the resin to harden or polymerize.

Remove the provisional and make final adjustments

→ Remove the fixation screw (Multi-Unit titanium M1.4 screw or Multi-Unit pick-up transfer coping screw).

→ Remove the resin template and temporary.

→ Separate the temporary coping from the template.

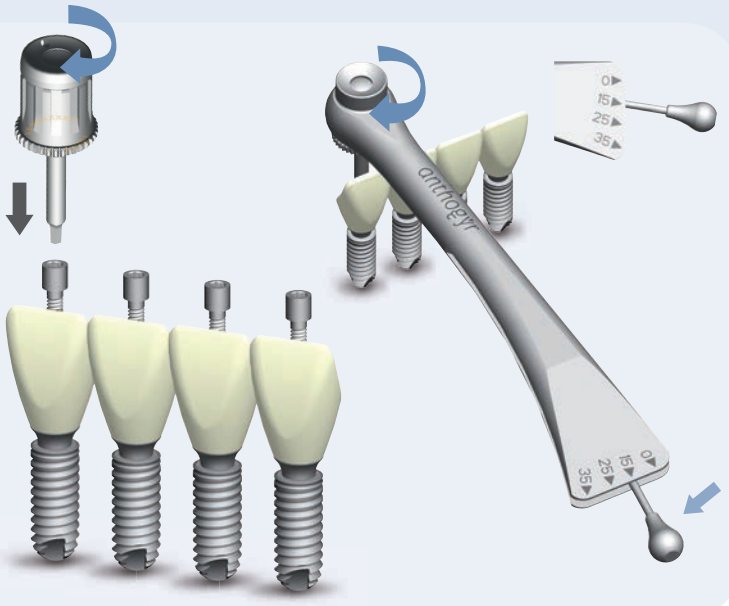
→ After final adjustments have been made, the provisional is polished.

Connect the provisional

→ Replace the provisional to its position and insert the Multi-Unit titanium M1.4 screw supplied with the temporary coping using the long or short hexagonal wrench (IN CHELV or IN CHECV).

→ A retroalveolar X-ray is most useful to confirm proper implant-abutment connection.

⚠ Torque to **15 N.cm** using the torque wrench or the TORQ CONTROL®.



WARNING! Unless immediate loading is performed, the provisional should be placed out of occlusion so as not to compromise device integrity.

5

FINAL RESTORATION (BAR OR BRIDGE): (FOLLOWING IMPRESSION TAKING AND VALIDATION USING A WAX BITE BLOCK)

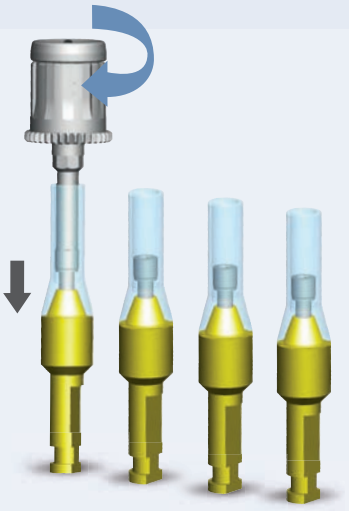
Connect customizable copings

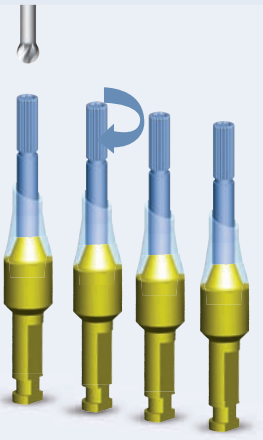
→ Attach the Multi-Unit castable copings (MUC300) to the Multi-Unit analogs (MUA100) in the master model using the Multi-Unit titanium M1.4 fixation screws or the corresponding Multi-Unit long pick-up transfer coping screws (hand tighten to a torque less than 15 N.cm).

→ Use the long hexagonal wrench (IN CHELV).

→ A consistent framework (i.e. castable bar) must be achieved. So, this requires adjusting the castable copings using a bur and/or adding castable resin to create a link between the copings.

NOTE: before adding resin, insert Multi-Unit titanium M1.4 fixation screws or Multi-Unit long pick-up transfer coping screws to prevent intrusion of the resin into the screw holes.

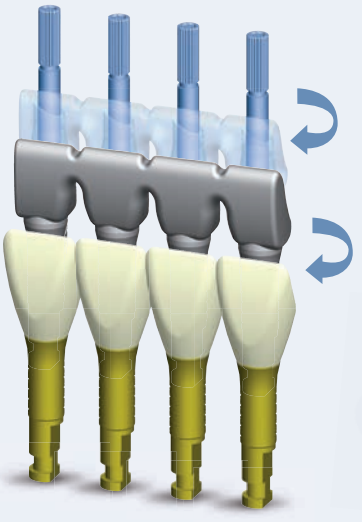




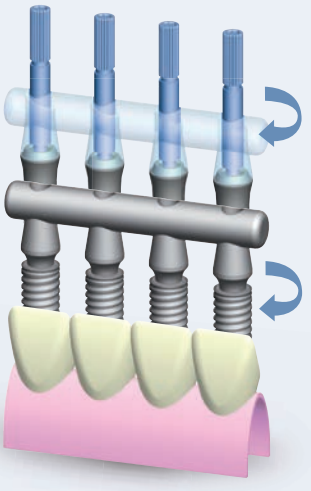
Fabricate the final restoration using the pouring technique

→ Strictly follow the material manufacturer's instructions for pouring.

ARMATURE



BASE



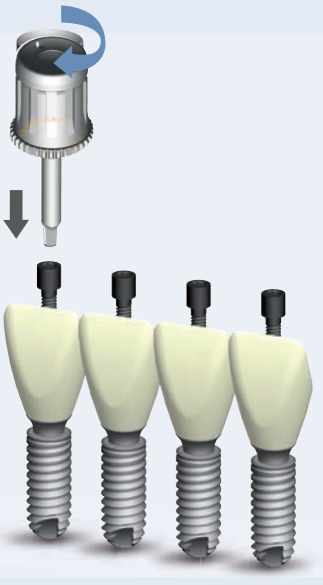
Validate the poured component

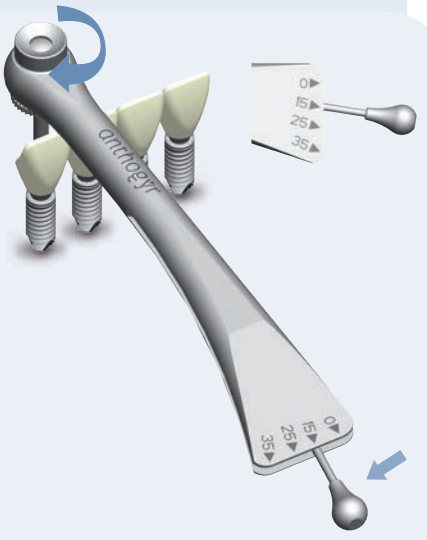
→ Return the poured component to the appropriate position in the master model, and secure it using a Multi-Unit titanium M1.4 fixation screw (torque <15 N.cm) to assess proper seating.

Try-in

→ Remove the protective caps or the provisional to try in the poured component. In particular, check for good fit and secure fixation of the component (hand tighten the Multi-Unit titanium M1.4 fixation screws to 15 N.cm).

→ Multi-Unit protection analogs (MUA200) are available to protect the Multi-Unit connection system during fabrication of the final restoration.





Place the final restoration

→ Place the final restoration onto the Multi-Unit abutments and insert the Multi-Unit Black Tite® M1.4 fixation screws (MU140).

⚠ Torque to **15 N.cm** using the torque wrench (IN CCD) or the TORQ CONTROL®.

BRIDGE: Protect the screw heads. Then, close the access holes using acrylic material and complete occlusal adjustments.

BAR: Prior to final tightening, perform tissue and bite adjustments with the final restoration in situ.
Instruct the patient on proper oral hygiene techniques and hygiene care of the restoration.

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c. Multi-Unit NARROW platform Ø 4.0 mm abutments (SUPPLIED STERILE)

1. Indications

→ Multiple-unit screw-retained restorations with restricted space between implants.

Ø 4.0

EMERGENCE PROFILE

INSTRUCTIONS FOR USE

→ Axiom® REG/PX Multi-Unit narrow platform Ø 4.0 straight abutments and Multi-Unit narrow Ø 4.0 mm protective caps are supplied decontaminated and sterilized ready to use.

→ Axiom® REG/PX Multi-Unit abutments are packaged with their attached Multi-Unit holders for easy placement. Once the abutment is properly seated, the holder can be removed.

→ The recommended torque for straight conical abutment fixation screws is 25 N.cm. Auxiliary components have to be torqued to 15 N.cm only.

→ In case of Axiom® REG/PX healing screw placement before Multi-Unit narrow Ø 4.0 abutment placement, it is recommended to use a Ø 4.0 mm healing screw in order not to compress the gum during the conical abutments placement.

WARNING! Multi-Unit screws and auxiliary components should be used with Multi-Unit abutments ONLY, and MUST NOT BE USED with OPSC/OPAC conical abutments. Mixing Multi-Unit and OPSC/OPAC components or screws may result in improper fit of the restoration.

2. Complete dental restoration

Complete tooth restoration may be considered immediately after placement of a small number of Axiom® REG/PX implants provided that adequate bone stock is available.

3. Selection of the appropriate Multi-Unit conical abutment

Straight Multi-Unit abutment:

For a Ø 4.0 mm, 4 gingival heights (0.75, 1.5, 2.5 & 3.5 mm) are available. Two important parameters must be taken into account when selecting the appropriate gingival height for a Multi-Unit narrow straight abutment: height of the inserted healing screw, and maintenance of a constant emergence profile. Alternatively, the healing phase can be managed with the straight conical abutment alone, using the Multi-Unit narrow protective cap (MUNCAP).

4. Restorative procedure

Equipment required: **Multi-Unit NARROW Ø 4.0 platform straight abutment**

Hexagonal mandrels

Hexagonal wrenches

Multi-Unit mandrel and wrench abutment

Multi-Unit narrow Ø 4.0 mm analog abutment

Multi-Unit narrow Ø 4.0 mm Pop-in transfer

Multi-Unit narrow Ø 4.0 mm analog abutment

Multi-Unit narrow Ø 4.0 mm protective analog

Multi-Unit narrow Ø 4.0 mm protective cap

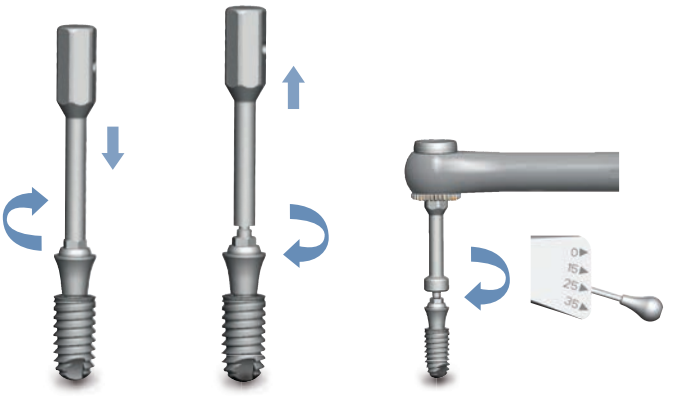
Multi-Unit narrow Ø 4.0 mm titanium temporary coping

Multi-Unit narrow Ø 4.0 mm PEEK temporary coping

Multi-Unit narrow Ø 4.0 mm PMMA castable coping

WARNING! Before placing the MULTI-UNIT ABUTMENT in the patient's mouth, make sure that the MULTI-UNIT HOLDER is securely fixed.

MULTI-UNIT STRAIGHT CONICAL ABUTMENT



1

PLACING THE MULTI-UNIT CONICAL ABUTMENT:

Straight MULTI-UNIT abutment

→ Screw the straight Multi-Unit narrow Ø 4.0 conical abutment into the implant using the Multi-Unit abutment holder. Then, remove the holder.

⚠ Torque the straight conical abutment to **25 N.cm** using either the torque wrench and the Multi-Unit wrench, or the TORQ CONTROL® and the Multi-Unit mandrel.

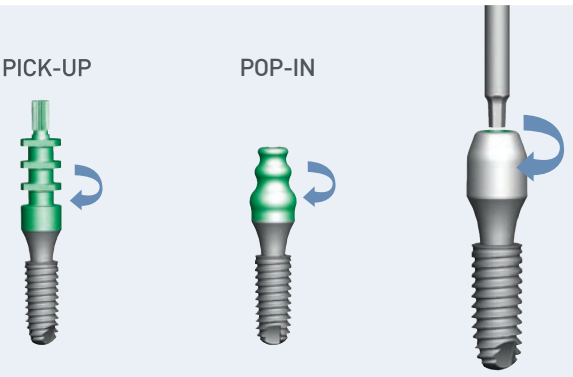
2

IMPRESSION TAKING AND TEMPORIZATION:

→ Place a Multi-unit narrow Ø 4.0 pick-up (MUNT100) or pop-in (MUNT200) transfer coping on each conical abutment, and secure it by inserting and hand tightening (using moderate force) a short or long coping screw.

→ Use a closed tray for a pop-in coping impression and an open tray for a pick-up coping impression.

→ At this stage, two options are available: put the Multi-Unit narrow Ø 4.0 protective caps (MUNCAP) back into place and hand tighten them (using moderate force), or do a provisional prosthesis from the appropriate coping(s) (see Step 4).

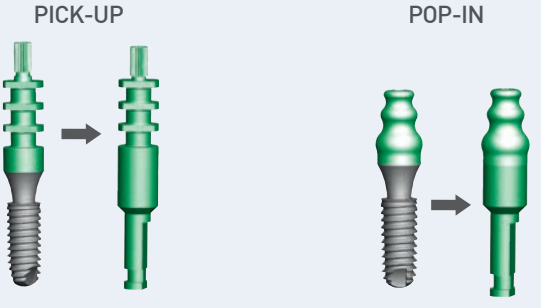


3

LABORATORY:

→ Screw the Multi-Unit narrow Ø 4.0 analog (MUNA100) in each transfer.

→ Create the master model.



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4

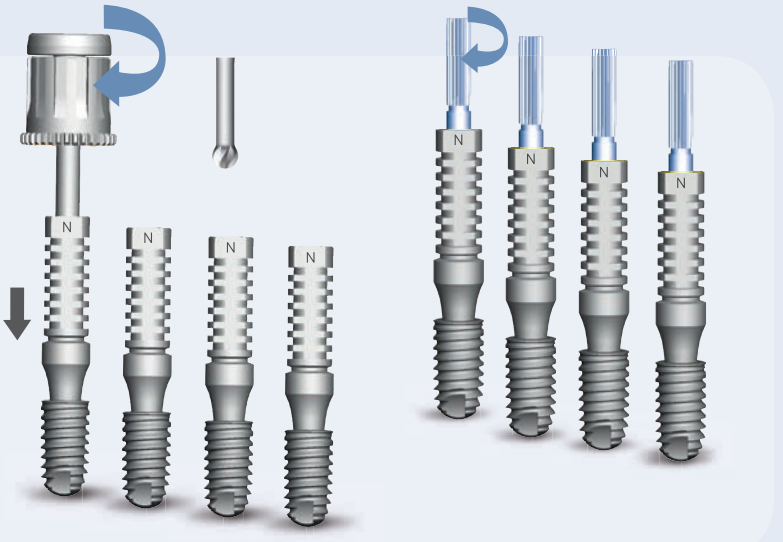
PROVISIONAL

Connect temporary copings

→ Select the appropriate temporary copings: Multi-Unit narrow Ø 4.0 titanium ones (MUNC100), or Multi-Unit narrow Ø 4.0 PEEK ones (MUNC200).

→ Attach the selected temporary copings to the straight Multi-Unit conical abutments using the Multi-Unit titanium M1.4 fixation screws specific for Multi-Unit abutments (MU141) or the dedicated Multi-Unit long pick-up transfer coping screws. Hand tighten with moderate force (torque <15 N.cm) using the long or short hexagonal wrench (IN CHELV or IN CHECV).

→ Make any necessary height adjustments.



Fabricate the provisional

→ Fill a plastic mould or a template with acrylic resin. In the case of a template, holes must be made to allow the long pick-up transfer coping screws to pass through.

→ Place the mould or perforated resin template over the adjusted temporary copings.

→ Allow the resin to harden or polymerize.

Remove the provisional and make final adjustments

→ Remove the fixation screw (Multi-Unit titanium M1.4 screw or Multi-Unit pick-up transfer coping screw).

→ Remove the resin template and temporary.

→ Separate the temporary coping from the template.

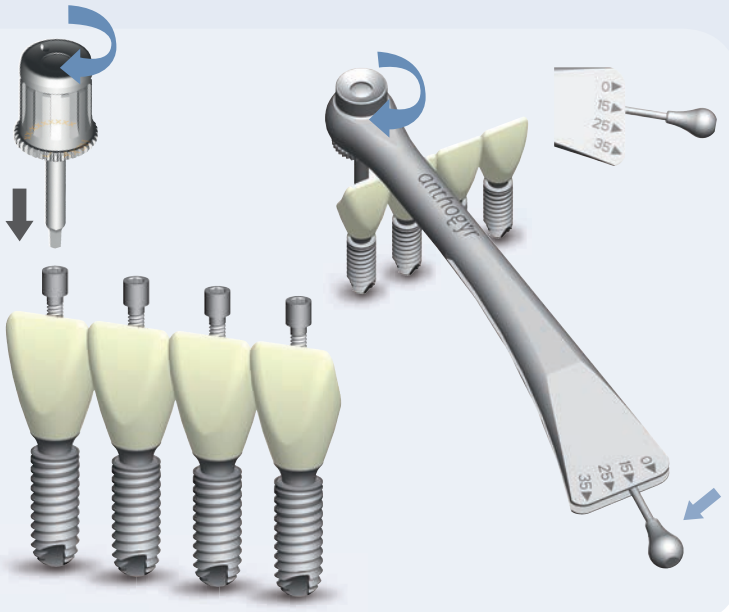
→ After final adjustments have been made, the provisional is polished.

Connect the provisional

→ Replace the provisional to its position and insert the dedicated Multi-Unit titanium M1.4 screw using the long or short hexagonal wrench (IN CHELV or IN CHECV).

→ A retroalveolar X-ray is most useful to confirm proper implant-abutment connection.

⚠ Torque to **15 N.cm** using the torque wrench or the TORQ CONTROL®.



WARNING! Unless immediate loading is performed, the provisional should be placed out of occlusion so as not to compromise device integrity.

5

FINAL RESTORATION (BAR OR BRIDGE): (FOLLOWING IMPRESSION TAKING AND VALIDATION USING A WAX BITE BLOCK)

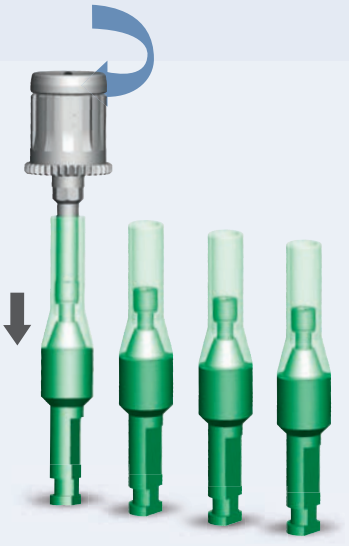
Connect customizable copings

→ Attach the Multi-Unit narrow Ø 4.0 castable copings (MUNC300) to the Multi-Unit narrow Ø 4.0 analogs (MUNA100) in the master model using the Multi-Unit titanium M1.4 fixation screws or the dedicated Multi-Unit long pick-up transfer coping screws (hand tighten to a torque less than 15 N.cm).

→ Use the long hexagonal wrench (IN CHELV).

→ A consistent framework (i.e. castable bar) must be achieved. So, this requires adjusting the castable copings using a bur and/or adding castable resin to create a link between the copings.

NOTE: before adding resin, insert Multi-Unit titanium dedicated M1.4 fixation screws or Multi-Unit long pick-up transfer coping screws to prevent intrusion of the resin into the screw holes.

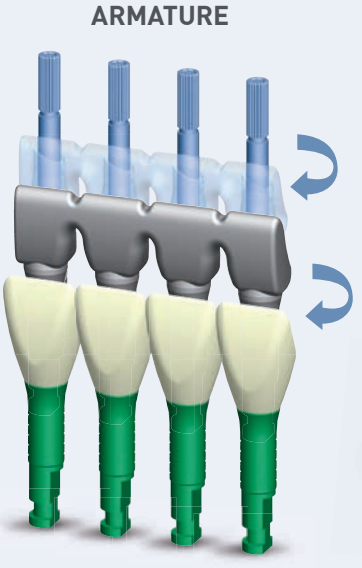


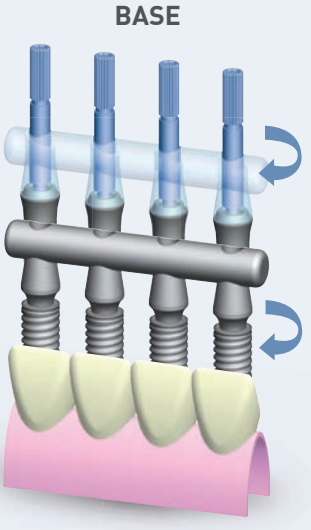
Fabricate the final restoration using the pouring technique

→ Strictly follow the material manufacturer's instructions for pouring.

Validate the poured component

→ Return the poured component to the appropriate position in the master model, and secure it using a Multi-Unit titanium M1.4 screw dedicated (torque <15 N.cm) to assess proper seating.





Try-in

→ Remove the protective caps or the provisional to try in the poured component. In particular, check for good fit and secure fixation of the component (hand tighten the Multi-Unit dedicated titanium M1.4 fixation screws to 15 N.cm).

→ Multi-Unit narrow Ø 4.0 protection analogs (MUNA200) are available to protect the Multi-Unit connection system during fabrication of the final restoration.

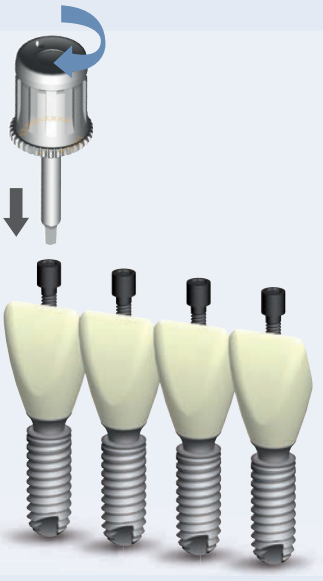
Place the final restoration

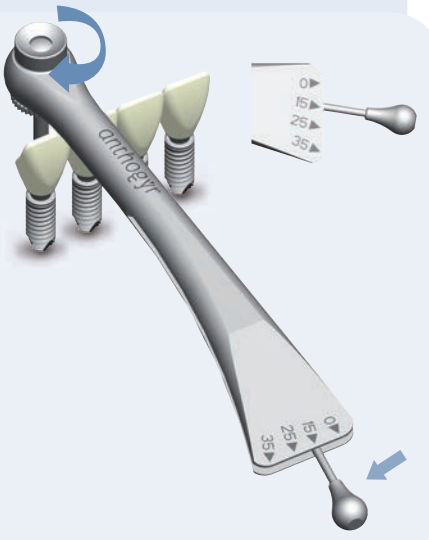
→ Place the final restoration onto the Multi-Unit narrow Ø 4.0 abutments and insert the Multi-Unit Black Tite® M1.4 screws dedicated (MU140).

⚠ Torque to **15 N.cm** using the torque wrench (IN CCD) or the TORQ CONTROL®.

BRIDGE: Protect the screw heads. Then, close the access holes using acrylic material and complete occlusal adjustments.

BAR: Prior to final tightening, perform tissue and bite adjustments with the final restoration in situ.
Instruct the patient on proper oral hygiene techniques and hygiene care of the restoration.





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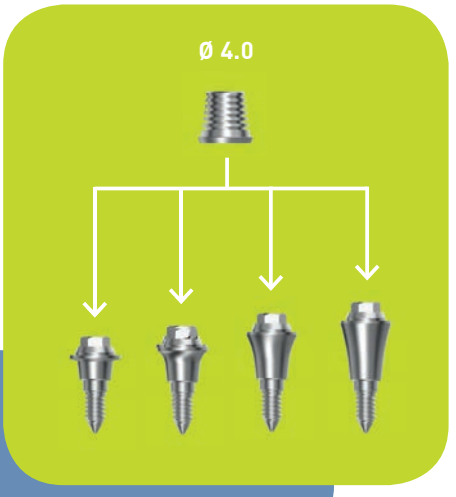
d. Pacific system for Multi-Unit NARROW platform Ø 4.0 mm straight abutments (SUPPLIED NON STERILE)



1. Indications

→ Multiple-unit screw-retained restorations with Multi-Unit narrow platform Ø 4.0 mm abutments.

The **Pacific** is an additional system reserved exclusively for multiple -unit or full-arch screw-retained prostheses on **straight conical abutments**. Introducing a ring bonded between the straight conical abutment and the framework cast by the laboratory, the **Pacific** system ensures the passive fit to be obtained during definitive screwing in the mouth.

INSTRUCTIONS FOR USE

→ The bonding ring is provided with its permanent screw **M1.4 Black Tite®**.
→ Recommended tightening torque of the screw is **15 N.cm**.
→ The bonding ring can only be used with straight conical abutments.

WARNING! Multi-Unit screws and auxiliary components should be used with Multi-Unit abutments ONLY, and MUST NOT BE USED with OPSC/OPAC conical abutments. Mixing Multi-Unit and OPSC/OPAC components or screws may result in improper fit of the restoration.

2. User protocol

Pacific system on Multi-Unit Ø 4.0 mm NARROW straight abutments

Hexagonal mandrels

Hexagonal wrenches

M1.4 laboratory screw **MU141**

Black Tite® Multi-Unit M1.4 fixation screw **MU140**

Pacific Multi-Unit narrow analog **MUNPAC110**

Pacific Multi-Unit narrow castable coping **MUNPAC120**

Pacific Multi-Unit narrow bonding ring **MUNPAC100**

Multi-Unit long laboratory screw **MUT102**

PLACEMENT OF THE CONICAL ABUTMENT AND IMPRESSION-TAKING 1

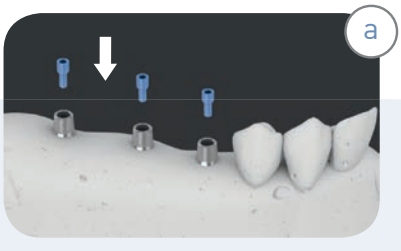
→ Repeat steps 1 to 4 described in the paragraph "Multi-Unit narrow platform" (See p. 48).

MAKING THE PERMANENT PROSTHESIS: 2

→ Connect the **PACIFIC** Multi-Unit narrow analogs (*Ref.* **MUNPAC110**) onto the conical abutments using the Multi-Unit laboratory screw **M1.4** (*Ref.* **MU141**, moderate manual tightening).

→ Use a hexagonal wrench.

→ Place the Multi-Unit narrow castable copings (*Ref.* **MUNPAC120**) onto the **PACIFIC** analogs, adjust them so as to recreate a made-to-measure homothetic framework (or castable bar) by milling and/or addition of castable resin by connecting each coping.


a

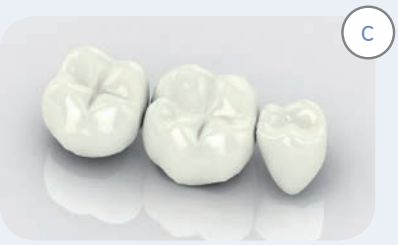
b

2

MAKING THE PERMANENT PROSTHESIS (CONTINUE):

→ Perform casting in compliance with the material manufacturer's recommendations. Proceed with the assembly and firing of the ceramic on the framework. Carry out finishing work. Sand and clean the basal surface of the prosthesis.

c



3

CHECKING PASSIVITY:

→ Unscrew the **PACIFIC** Multi-Unit narrow analogs from the master model.

→ Place a Multi-Unit narrow bonding ring (*Ref.* **MUNPAC100**) into each slot of the framework.

→ Position and screw the entire assembly onto the master model using short or long Multi-Unit abutment pick-up screws (*Ref.* **MUT101** or **MUT102**).
If any tension remains, correct the basal surface of the prosthesis.

→ Remove.

d

e

4

BONDING THE PACIFIC RINGS:

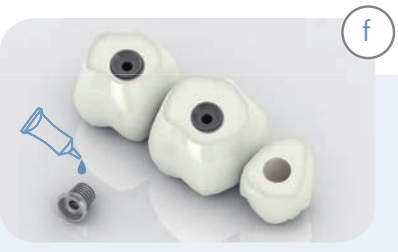
→ Put some adhesive on the grooved part of the bonding rings (*Ref.* **MUNPAC100**) and on the basal surface of the framework.

→ Place a bonding ring into each slot of the framework.

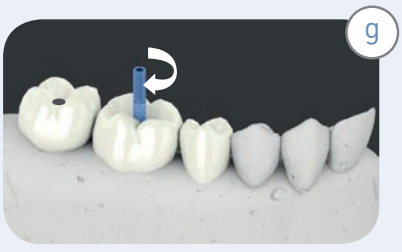
→ Reposition and screw the entire assembly onto the master model using short or long conical abutment pick-up screws (*Ref* **MUT101** or **MUT102**).

→ Let dry in accordance with drying time instructions provided by the manufacturer of the adhesive.

f



g



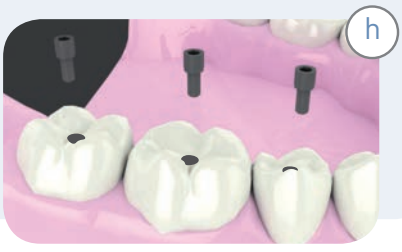
5

PLACEMENT OF THE PROSTHESIS:

→ Screw the entire 'frame+prosthesis' assembly into the mouth using new M1.4 Multi-Unit **Black Tite**® screws dedicated with the bonding rings.

⚠ Tighten to **15 N.cm** using the dynamometric ratchet wrench and hexagonal wrench or **TORQ CONTROL**® and the hexagonal mandrel.

h



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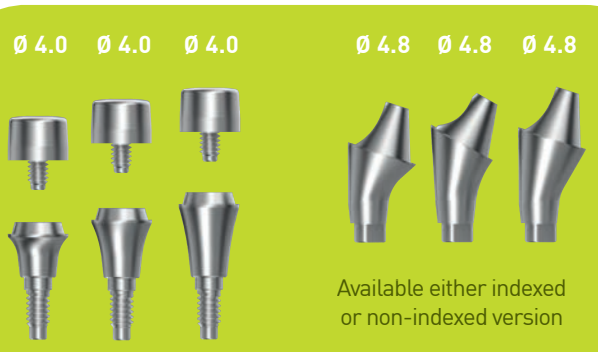
J. CONICAL ABUTMENTS ART. NB. OPSC/OPAC/ PACIFIC (SUPPLIED STERILE)

a. Presentation of the conical abutments OPSC/OPAC

1. Indications

→ Multiple-unit screw-retained prosthesis

→ Screw-retained bar and brace



INSTRUCTIONS FOR USE

→ The conical abutments (straight and angulated) and protective covers are supplied decontaminated and sterile for direct placement during surgery. The fixation screw is included with the packaging for the angulated conical abutments.

→ The recommended tightening torque for the fixation screws for the angulated conical abutments is **25 N.cm,** the recommended torque for the secondary components is **15 N.cm.**

WARNING! Multi-Unit screws and auxiliary components should be used with Multi-Unit abutments ONLY, and MUST NOT BE USED with OPSC/OPAC conical abutments. Mixing Multi-Unit and OPSC/OPAC components or screws may result in improper fit of the restoration.

2. For a complete prosthetic restoration

Complete restoration may be considered immediately after placement of a limited of Axiom® REG/PX angled implants.

3. Selection of conical abutment

The range of conical abutments consists of 2 different versions : straight and angulated.

Straight conical abutment

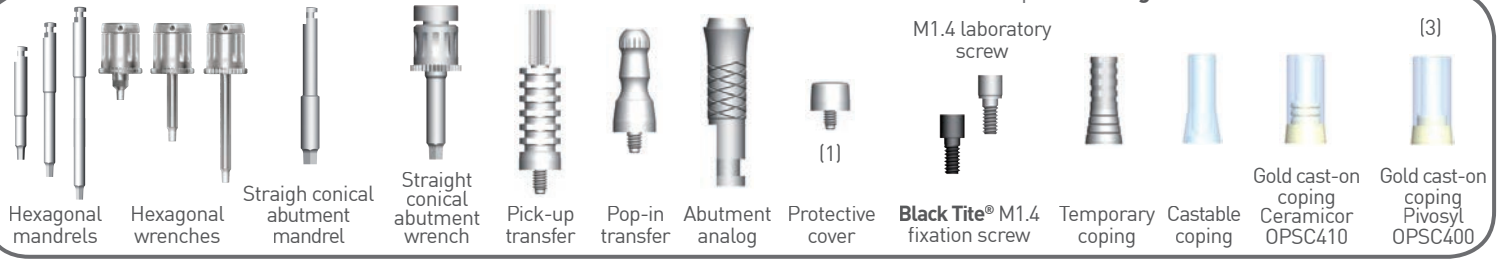
Select the abutment from the **3 gingival heights 1.5, 2.5 and 3.5 mm for 1 single diameter of prosthesis emergence Ø 4.0 mm available.** The straight conical abutment should be selected ideally depending on the healing screw in place observing the concept of preservation of the emergence profile. The healing phase can also be performed directly using the straight conical abutment with its surmounted protective cover.

Angulated conical abutment

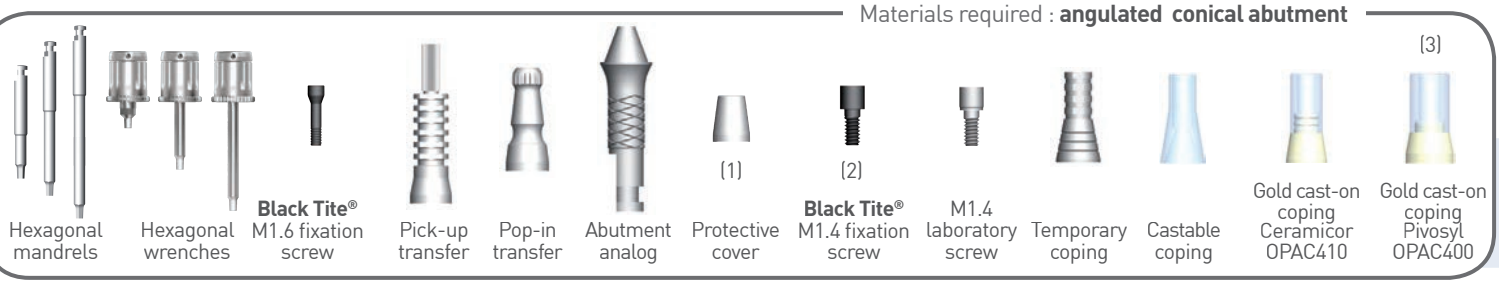
Select the abutment from the **3 gingival heights 2.5, 3.5 and 4.5 mm and 2 coronary angulations 18° and 30°, indexed or non-indexed.** The angulated conical abutment is selected independently of the other components in the range. The healing phase can also be performed directly using the angulated conical abutment with its surmounted protective cover.

4. User protocol

Materials required : **straight conical abutment**



Materials required : **angulated conical abutment**



(1) Supplied sterile. (2) Supplied with coping. (3) Subject to stock availability.

1

PLACING THE CONICAL ABUTMENT:

Straight Conical Abutment

→ Screw the straight conical abutment into the implant using the abutment wrench.

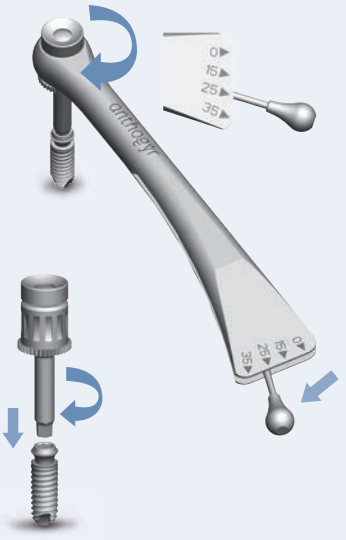
⚠ Tighten at **25 N.cm** using the dynamometric ratchet wrench and conical abutment wrench or Torq Control® and conical abutment mandrel.

Angulated Conical Abutment

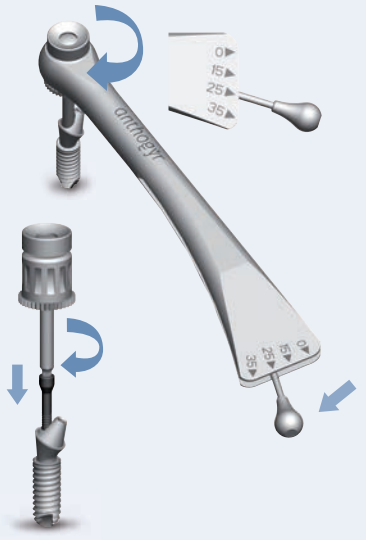
→ Insert and index the angulated conical abutment in the correct orientation and screw the **Black Tite®** M1.6 fixation screw using the long hexagonal wrench.

⚠ Tighten at **25 N.cm** using the dynamometric ratchet wrench and conical abutment wrench or Torq Control® and hexagonal mandrel.

STRAIGHT CONICAL ABUTMENT



ANGULATED CONICAL ABUTMENT



2

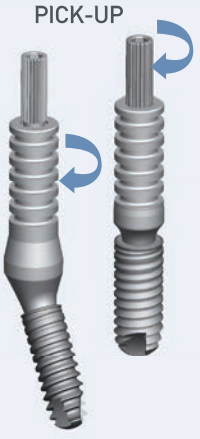
IMPRESSION-TAKING AND TEMPORISATION:

→ Assemble each Pick-up or Pop-in transfer respectively onto each conical abutment and screw the transfer screw (moderate manual tightening).

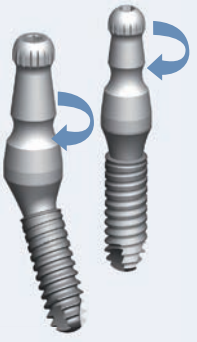
→ Take an impression using a closed impression tray (Pop-in technique) or open impression tray (Pick-up technique).

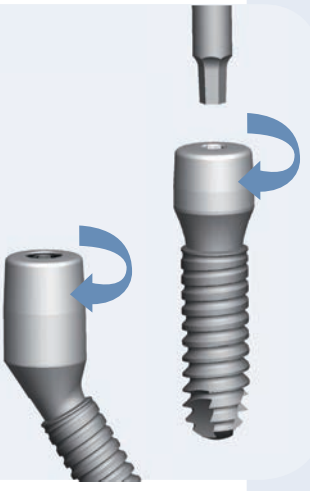
→ Replace the protective covers with moderate manual tightening or make a temporary prosthesis with the appropriate copings (Cf. 4).

PICK-UP

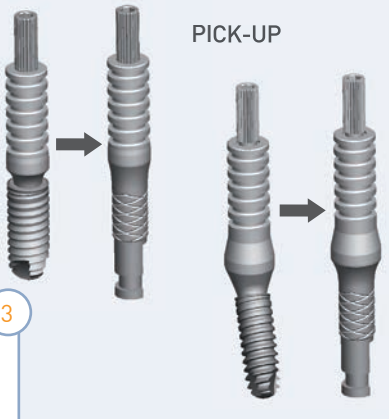


POP-IN

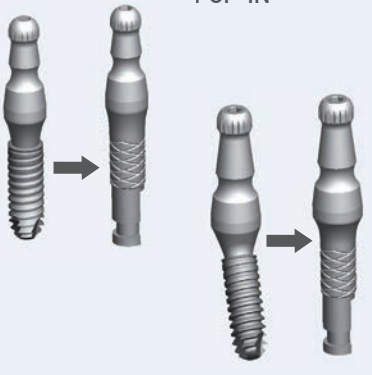




PICK-UP



POP-IN



3

LABORATORY:

→ Fashion the master model.

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4

TEMPORARY PROSTHESIS (AFTER IMPRESSION TAKING) :

Connection of temporary copings

→ Connect the temporary copings in the mouth to the straight or angulated conical abutments using the M1.4 fixation screws or corresponding long Pick-up transfer screws (moderate manual tightening < 15 N.cm).
Use the hexagonal wrench.

→ Adjust the height of the temporary coping if necessary.

Performing the temporary restoration

→ Fill a plastic mold or pre-perforated thermo-tray with acrylic resin.

→ Cover the resized temporary copings (allow the long transfer Pick-up screws to emerge through the opened thermo-tray).

→ Polymerize the resin or leave it to harden.

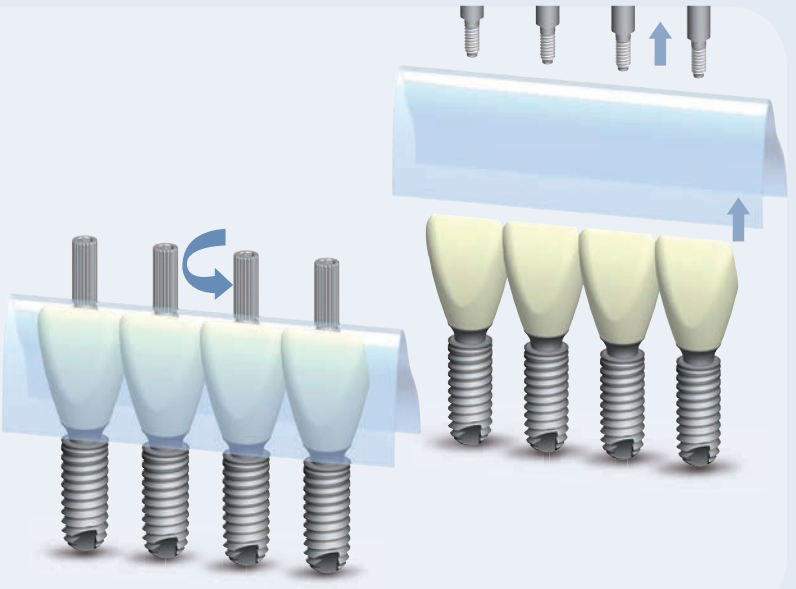
Removing the temporary restoration and adjustments

→ Remove the laboratory screw.

→ Remove the thermo-tray with the resin and temporary abutment.

→ Disconnect the temporary restoration from the thermo-tray.

→ Make the final adjustments and polish.

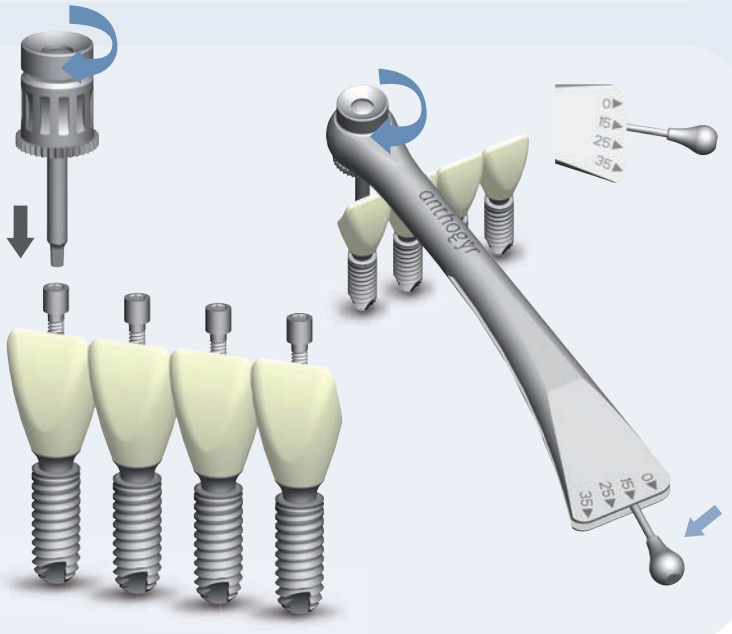


Connecting the temporary prosthesis

→ Reposition the temporary prosthesis with the appropriate M1.4 fixation screw using the long hexagonal wrench.

→ A retro-alveolar radiograph may be taken to confirm complete connection between the abutment and implant.

⚠ Tighten at **15 N.cm** using the dynamometric ratchet wrench or Torq Control®.



WARNING! If immediate loading is not planned, it is recommended that the temporary prosthesis be positioned in sub-occlusion pending the definitive prosthesis in order to guarantee integrity of the device.

5

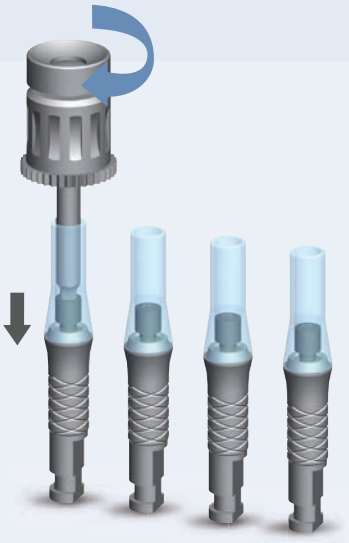
DEFINITIVE PROSTHESIS (BAR OR BRIDGE):

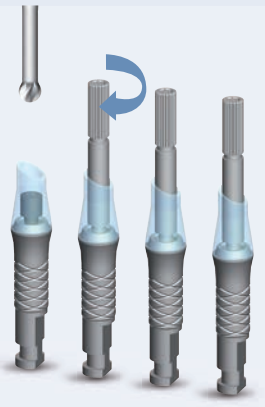
Connecting the personalisable copings

→ Connect the castable copings or cast-on copings to the conical abutment analogues on the master model using the M1.4 fixation screws or corresponding long Pick-up transfer screws (moderate manual tightening <15 N.cm).
Use the hexagonal wrench.

→ Adjust the castable sleeves in order to recreate a homothetic frame (or a bar) by drilling and/or adding calcinable resin.

NOTE : use the long laboratory M1.4 fixation screw to preserve the screw access holes when adding resin.





Performing the definitive prosthesis

→ Cast the frame following the recommendations of the material manufacturer.
For gold cast-on copings, please refer to chapter 3G 1 (page 32).

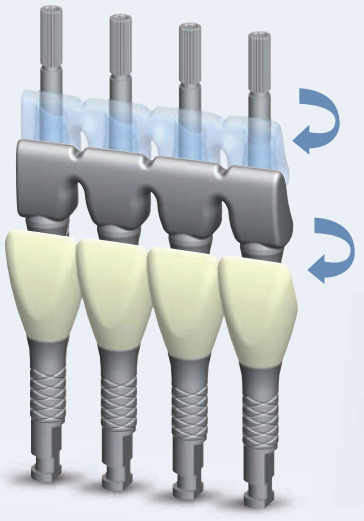
BRIDGE : replace the casted structure or the gold cast-on coping or on the master model with the M1.4 fixation screw (moderate manual tightening <15 N.cm), orientating correctly and reducing the definitive ceramic opacification.

BAR : remove the protective covers or temporary prosthesis and try the casted structure in the patient's mouth, checking the fit with the conical abutments.

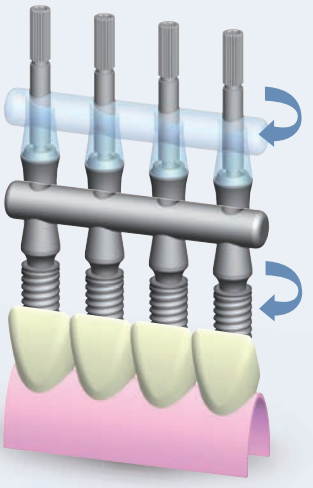
Take a second impression with the bar in place fixed using the Pick-up transfer screws and an open tray.

Fashion the definitive prosthesis (including riders) in the laboratory following the total prosthesis principle.

BRACE



BAR



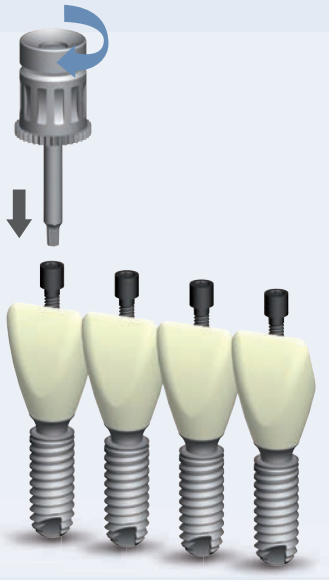
Placing the prosthesis

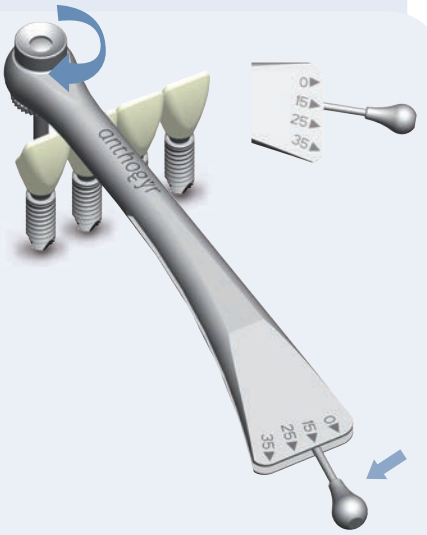
→ Position the prosthetic structure on the conical abutments, orientating correctly and screw the attached **Black Tite®** M1.4 fixation screws.

⚠ Tighten at **15 N.cm** using the dynamometric ratchet wrench or Torq Control®.

BRIDGE : close the access cavity(ies) with filling material after protecting the screw head and finish occlusion adjustment.

BAR : make the occlusion and tissue adjustments on the total prosthesis before final screwing. Close the access cavity(ies) with a filling material after protecting the screw head. Inform the patient about the use and maintenance procedures.





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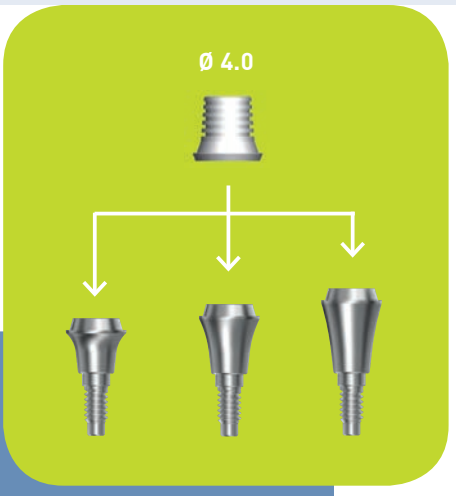
b. Pacific system for straight conical abutments OPSC (non sterile)

The **Pacific** is an additional system reserved exclusively for multiple -unit or full-arch screw-retained prostheses on **straight conical abutments**. Introducing a ring bonded between the straight conical abutment and the framework cast by the laboratory, the **Pacific** system ensures the passive fit to be obtained during definitive screwing in the mouth.



INSTRUCTIONS FOR USE

- → The bonding ring is provided with its permanent fixing screw **M1.4 Black Tite®**.
- → Recommended tightening torque of the fixing screw is **15 N.cm**.
- → The bonding ring can only be used with straight conical abutments.

User protocol

Pacific system on straight conical abutments

Hexagonal mandrels

Hexagonal wrenches

M1.4 laboratory screw

OPAC141

Black Tite® M1.4 fixation screw

OPAC140

Pacific analog **OPSC910**

Castable coping **OPSC901**

Bonding ring

OPSC800

Short conical abutment pick-up screw

OPAC501

Long conical abutment pick-up screw

OPAC502

1

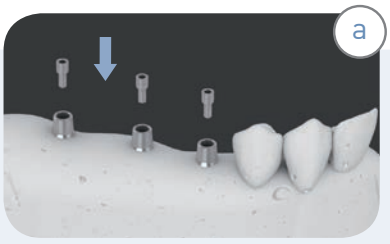
PLACEMENT OF THE CONICAL ABUTMENT AND IMPRESSION-TAKING

→ Repeat steps 1 to 4 described in the paragraph "Conical abutments" (See p. 36).

2

MAKING THE PERMANENT PROSTHESIS:

- → Connect the **PACIFIC** analogs (*Ref.* **OPSC910**) onto the conical abutments using the laboratory screw **M1.4** (*Ref.* **OPAC141**, moderate manual tightening).
- → Use a hexagonal wrench.
- → Place the castable copings (*Ref.* **OPSC901**) onto the **PACIFIC** analogs, adjust them so as to recreate a made-to-measure homothetic framework (or castable bar) by milling and/or addition of castable resin by connecting each coping.

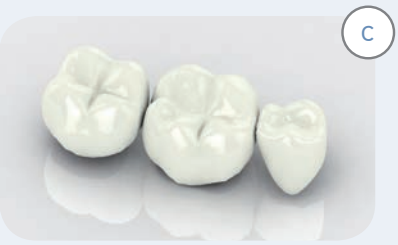


2

MAKING THE PERMANENT PROSTHESIS (CONTINUE):

→ Perform casting in compliance with the material manufacturer's recommendations. Proceed with the assembly and firing of the ceramic on the framework. Carry out finishing work. Sand and clean the basal surface of the prosthesis.

c



3

CHECKING PASSIVITY:

→ Unscrew the **PACIFIC** analogs from the master model.

→ Place a bonding ring (*Ref.* **OPSC800**) into each slot of the framework.

d

→ Position and screw the entire assembly onto the master model using short or long conical abutment pick-up screws (*Ref.* **OPAC501** or **OPAC502**).
If any tension remains, correct the basal surface of the prosthesis.

→ Remove.

e

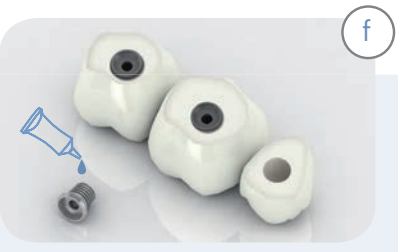
4

BONDING THE PACIFIC RINGS:

→ Put some adhesive on the grooved part of the bonding rings (*Ref.* **OPSC800**) and on the basal surface of the framework.

→ Place a bonding ring into each slot of the framework.

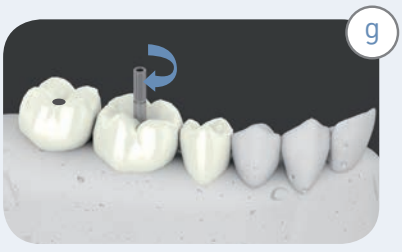
f



→ Reposition and screw the entire assembly onto the master model using short or long conical abutment pick-up screws (*Ref* **OPAC501** or **OPAC502**).

→ Let dry in accordance with drying time instructions provided by the manufacturer of the adhesive.

g



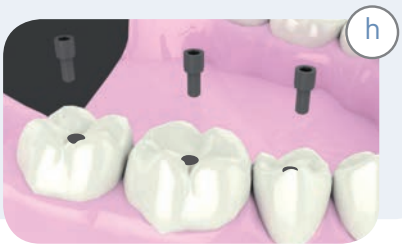
5

PLACEMENT OF THE PROSTHESIS:

→ Screw the entire 'frame+prosthesis' assembly into the mouth using new M1.4 **Black Tite**® screws provided with the bonding rings.

⚠ Tighten to **15 N.cm** using the dynamometric ratchet wrench and hexagonal wrench or **TORQ CONTROL**® and the hexagonal mandrel.

h



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K. LOCATOR® ATTACHEMENT SYSTEM (SUPPLIED NON STERILE)

1. Indications

→ Stabilization of a partial implant-supported restoration, overdenture stabilization.

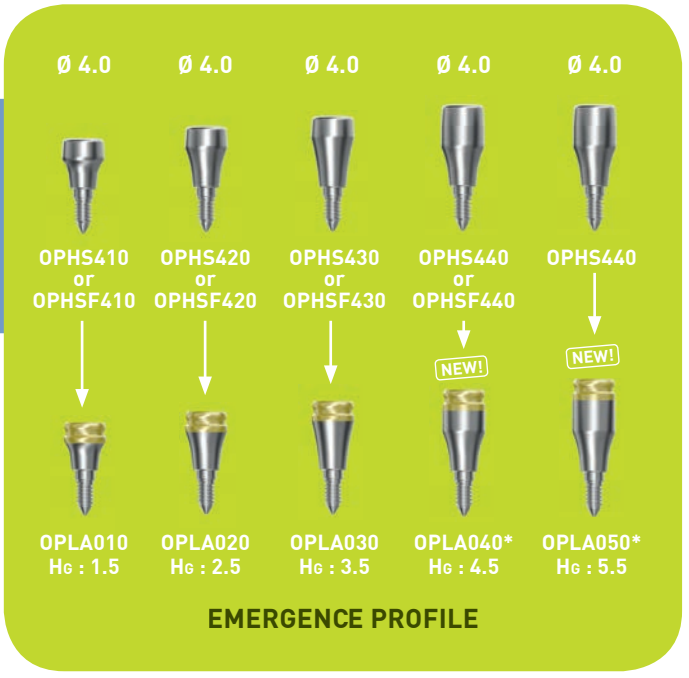
→ Locator® attachments (Clear, Pink, Blue) can correct divergence up to 20° between two implants. Locator®

→ extended range attachments (Red, Green, Orange, Grey) can correct divergence up to 40° between 2 implants.

INSTRUCTIONS FOR USE

→ **LOCATOR®** abutments are supplied decontaminated and non sterile. Therefore, they can be placed directly during the surgery.

→ **CAUTION! The recommended tightening torque is 25 N.cm for LOCATOR® abutments.**



2. Selecting the LOCATOR® abutment

Choose the abutment from the **5 gingival heights (1.5, 2.5, 3.5, 4.5 and 5.5 mm) for 1 single emergence diameter (Ø 4.0mm) available.** The selection of the **LOCATOR®** abutment will depend on the healing screw in place, and the emergence profile will have to be preserved. The **LOCATOR®** abutment can also be used during the healing stage.
A 5.5 mm high Locator® abutment requires the use of a **healing screw OPHS440.**

3. Protocol

Direct or indirect technique can be used with the **LOCATOR®** abutment.

* : Availability: second quarter 2014.

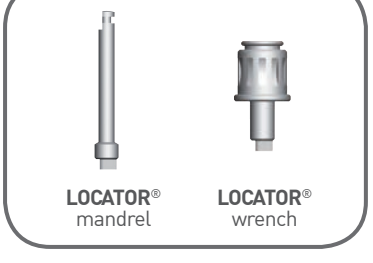
3.1 INDIRECT TECHNIQUE

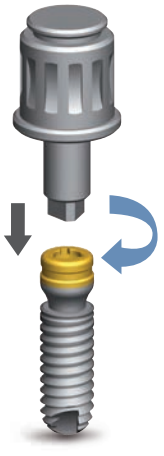
1

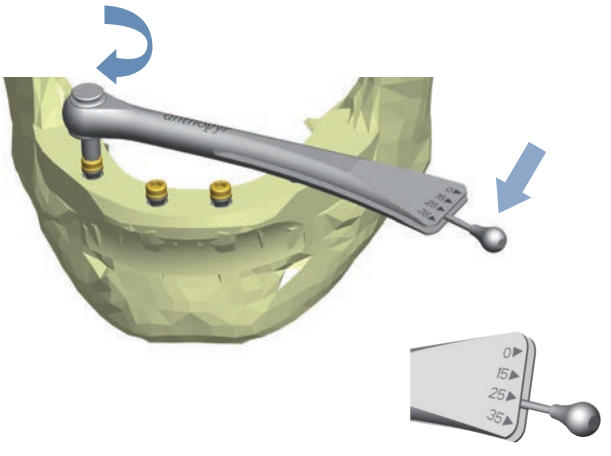
PLACEMENT OF LOCATOR® ABUTMENT

→ Screw the **LOCATOR®** abutment into the implant using the **LOCATOR®** wrench, the ratchet wrench or Torq control®.

Required material







Tightening torque :
25 N.cm

2

IMPRESSION TAKING AND TRANSFER

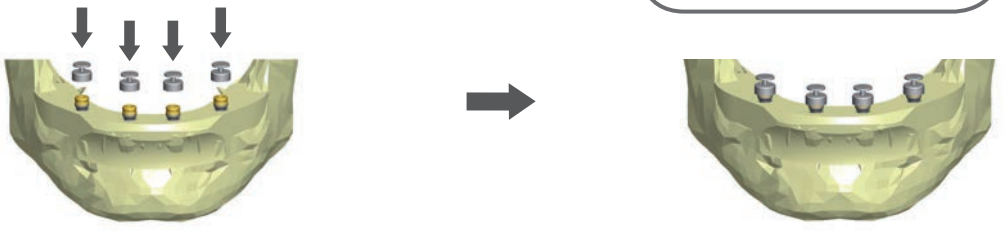
→ Place the **LOCATOR®** impression transfers on the abutments.

→ Take an impression.
The transfers remain in the impression.

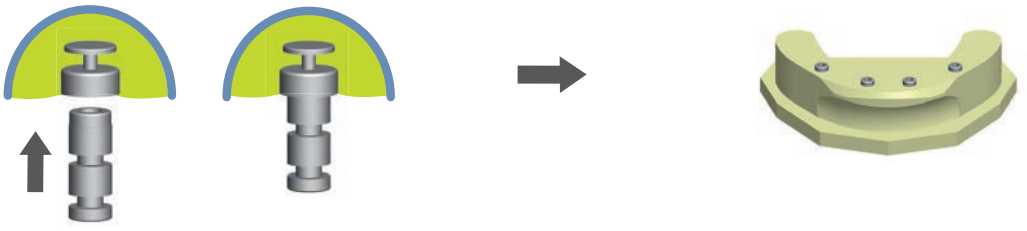
Required material

LOCATOR® transfer + nylon (black)

LOCATOR® analog



→ Place the analogs in the impression and cast the model.



3

RESTORATION PROCEDURE /
Materials required

TEMPORARY RETENTION
Can be used during restoration procedures.

Spacer ring

Black housing

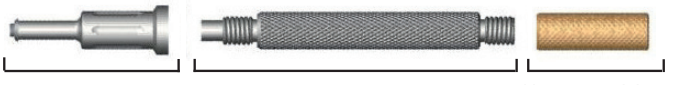
For less than 20 degrees of divergence between 2 implants (up to 10° per implant)

STANDARD RETENTION	MEDIUM RETENTION	LOW RETENTION
Clear attachment (2268g - 5Lbs)	Pink attachment (1361g-3.0Lbs)	Blue attachment (680g-1.5Lbs)

For a total divergence of up to 40 degrees between 2 implants (up to 20° per implant)

MODERATE RETENTION	LIGHT RETENTION	EXTRA-LIGHT RETENTION	RETENTION 0
Green attachment (1361-1814g,3-4.0LbS)	Orange attachment (907g ,2-0LbS)	Red attachment (226-680g, 0.5-1.5LbS)	Grey attachment (0 LbS)

LOCATOR® 3 in 1 tools



Male removal tool | Male seating tool | Abutment driver

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3

RESTORATION PROCEDURE (FOLLOW)

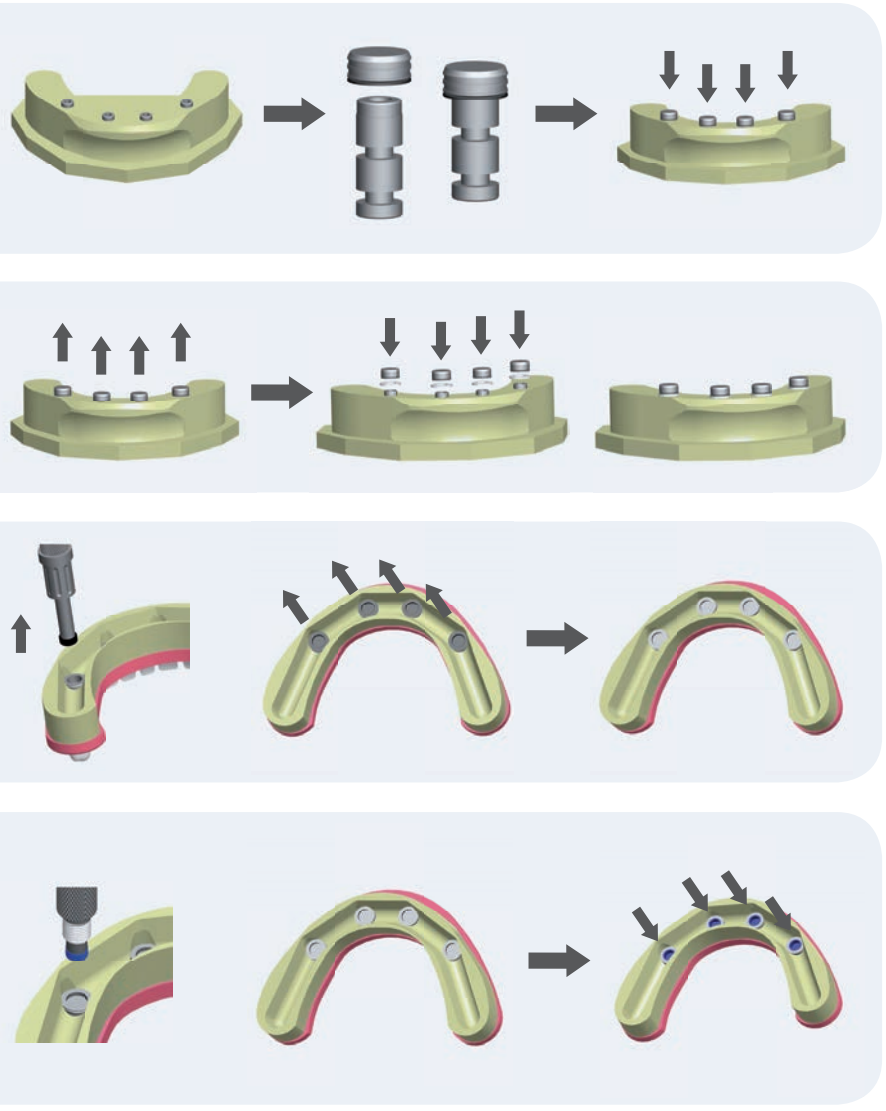
→ In the master cast, place the LOCATOR® retention replacement males with the black processing males onto the analogs. Then, make a model of the removable denture.

→ Once the model is made, remove the retention replacement males from the master model and place a spacer ring on each analog so as to make sure that the finished denture will be correctly positioned.

→ Once the definitive prosthesis is made, remove the spacer rings and polish the basal surface of the prosthesis. Then, replace the housing with black low density males with definitive males. Use the LOCATOR® instrument to hold the black male and to remove it.

→ Use the second part of the LOCATOR® instrument to hold the definitive male (white, pink or blue). If 3 attachments or more are positioned on the same arch, always start with the lowest retention replacement males (pink or blue if the divergence is less than 20° between 2 implants. Green, orange, red or grey if the divergence is less than 40° between 2 implants).

→ Try the finished denture on the master model before placing it into the patient's mouth.



3.2 DIRECT TECHNIQUE (DENTAL OFFICE)

THIS TECHNIQUE IS RECOMMENDED FOR THE STABILIZATION OF AN EXISTING OVERDENTURE :

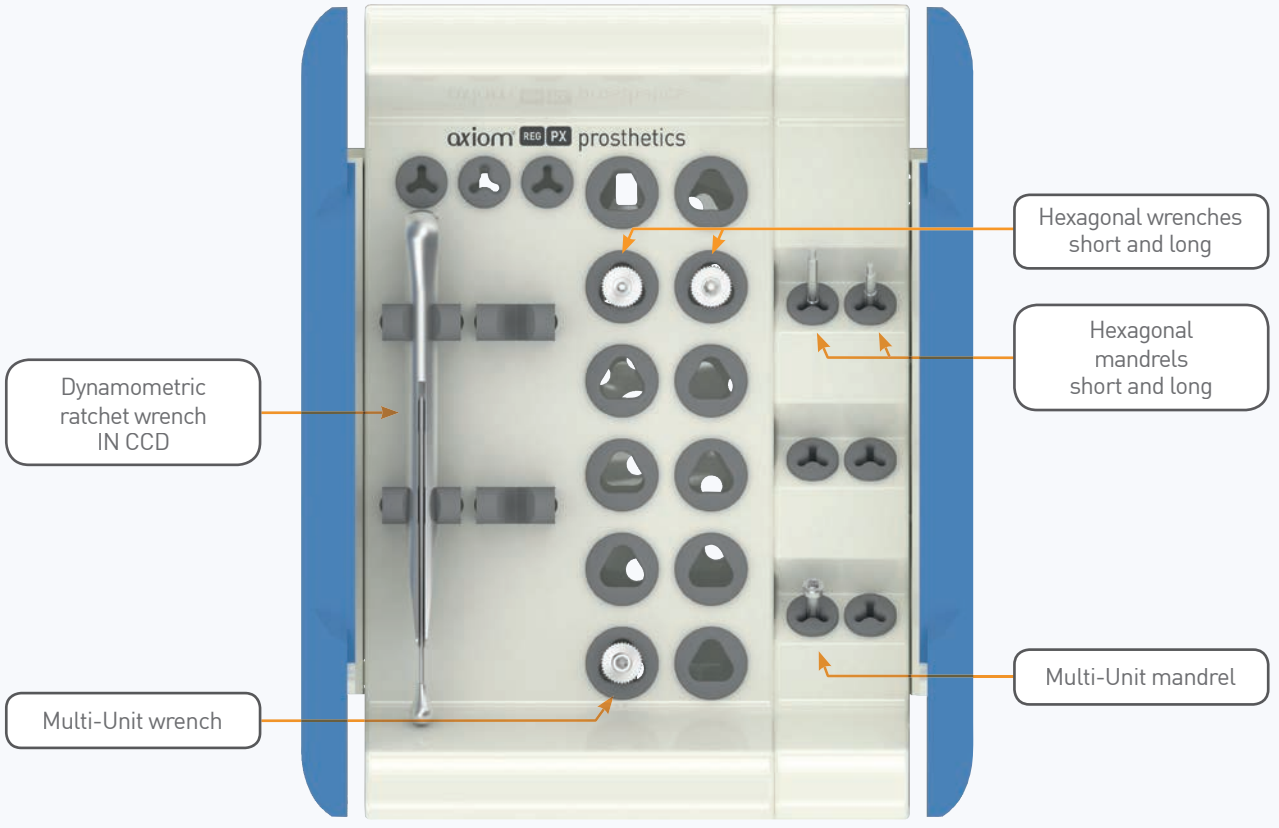
→ Place the spacer rings on the LOCATOR® abutments in the patient's mouth (use dental dams).
→ Fix the LOCATOR® retention replacement males on the abutments (black seal aimed for restoration procedure).
→ Hollow out the existing denture base in the areas of the retention replacement males (no interference between the denture caps and the denture).
→ Cover the LOCATOR® retention replacement males with resin and fill the connecting holes in the basal surface of the denture.
→ Place the denture directly into the patient's mouth and polymerize the resin.
→ Once the resin has hardened, remove the denture from the mouth. Remove the spacer rings before replacing the black males with the definitive males. Place the definitive denture into the patient's mouth.

L. AXIOM® REG/PX COMMON PROSTHETIC KIT.

WARNING!

Before the first and after each subsequent procedure, all of the instrument and instrument supports must be pre-disinfected, cleaned, decontaminated and sterilised following a specific procedure

The prosthesic kit consists of 2 trays distinguishing between the mandrels for manipulations on a contra-angle or Torq Control® from those performed manually with the dynamometric ratchet wrench IN CCD.
The prosthetic kit can be completed with the following prosthetic tools: XL hexagonal mandrel and wrench, mandrel and locator tools.



Dynamometric ratchet wrench: torque values (N.cm) 15/25/35. Precision (N.cm) +/- 2.
Instructions for use available on request.

TECHNICAL SPECIFICATIONS

The kit is designed using medical grade materials enabling it to tolerate heat disinfection and autoclave sterilization.

The protective covers provide flexibility when positioning the kit in order to optimize instrument accessibility.

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4. Cleaning and sterilisation

WARNING!

All re-usable products (instruments and kits) must be pre-disinfected, sterilised, cleaned, disinfected and sterilised before the first and after each subsequent surgery.

All products for single use supplied non-sterile must be cleaned, disinfected and sterilized before entering the mouth. They may be disinfected or sterilized using a heat disinfector and an autoclave with the product placed outside of its original packaging in a suitable bag for the procedure. In the event of any specific component restrictions, always disinfect and cold sterilize with CHLORHEXIDINE (see labelling).

No products supplied sterile (sterilized by gamma irradiation) must be resterilized. Observe the sterile parts within the bags or blisters/closures when unpackaging, placing the contents on a sterile drape. Observe the product expiration date.

A. GENERAL INFORMATION

1. PRELIMINARIES

All cleaning-disinfection and sterilization protocols must be followed by correctly trained protected staff in accordance with current regulations. In order to avoid any risk of infection or injury, it is essential that appropriate clothing be worn (protective mask, gloves and glasses).

When following the protocol, it is mandatory to follow current regulations, referring to the *"Good Hospital Pharmacy Practice"* recommendations, the "Good Disinfection Practice" guide, the *"Good Sterilisation Practice"* Guide and the guide for *"correct execution of treatments applying to reusable medical devices"* in reference FD S98-135 of April 2005.

All cleaning-disinfection and sterilization protocols must be appropriate for the risks of infection. The user or medical staff must ensure that the protocol used achieves the sterility objective. The protocol must enable all chemical and organic residues on the treated device to be removed (in particular ensure that used products are correctly rinsed).

2. COMPATIBILITY WITH MATERIALS

In order not to deteriorate or damage components, it is mandatory that only cleaning and decontamination products which are compatible with the different combinations of materials treated are used.
Detergent and disinfectant solutions must be of neutral pH or weakly alkaline.

WARNING! For aluminium alloys, the use of sodium hydroxide solution is strictly prohibited.
For the stainless steels, the use of sodium hypochlorite (bleach) is strictly prohibited : high risk of corrosion.
Components finished in Bee·color® should never be cleaned with hydrogen peroxide [H_2O_2] or hydrogen peroxide as there is a risk of chemical stripping.

The material composition of each component and full list of the part numbers can be found at the end of this document.

B. PRODUCTS

1. DETERGENT-DISINFECTANT PRODUCTS

In order to guarantee sufficient decontamination before sterilization, the detergents and disinfectants must be chosen according to the risks of infection depending on their field of activity : standard microbial activity (bacteria, fungicide, virucide) and their cleaning capacity.

The detergents and disinfectants used must be consistent with the cleaning method use.

The user must refer to the manufacturer's instructions for each cleaning and disinfecting product :

- → Observe the concentrations, temperatures and exposure times.
- → Observe solution replacement and lifespan of the products.
- → Observe instructions for disposal of used products.
- → Never mix products.

WARNING! Do not use substances liable to bind proteins (alcohol, aldehydes, etc.).

For more information, the user may refer to guide FD S98-135, the *"Guide for prevention of healthcare related infections in dental surgery and stomatology"* July 2006 and the positive list of dental disinfectants 2005-2006 published by SFHH and ADF.

2. WATER QUALITY

The water used for pre-disinfection, cleaning, decontamination, rinsing and sterilization must meet current regulations. The user may refer to document FD S 98-135 §9-4.
The water quality must be compatible with the sterility objective and equipment used.

It is important that conductivity, pH, water hardness, ion and impurity concentration and microbiological pollution be monitored.

3. PRECAUTIONS FOR USE

The user must pay particular attention to cleaning dirt residues and deposits from all parts of the instruments (holes, between parts etc.).

It is important during the different stages of the procedure to ensure that cutting instruments are not knocked as this carries a risk of reducing their cutting performance.
These instruments must be replaced after being used a maximum of 20 times.

A visual control must be performed before each sterilization. All worn, corroded or damaged components must be treated separately and removed.

Medical waste must be disposed of in accordance with current regulations on medical waste management.

WARNING! Any used component intended to be returned to the after sales service must be sent sterile after pre-disinfection, cleaning and decontamination in accordance with current legislation, with proof of sterility.

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C. PROTOCOLS

1. PRE-DISINFECTION

Pre-disinfection must be performed immediately after each surgery on all dismantled re-usable components (See Instructions for dismantling and assembly p.50) :

- → Pre-disinfect separately, detaching systematically whenever possible all assembled devices.
- → Completely immerse in the pre-disinfection solution.
- → Rinse with osmosed, demineralized water to avoid any deposits.
- → Carefully dry immediately with soft, sterile wipes (combined with medical grade compressed air).

2. CLEANING – DISINFECTION

Dismantled components must be cleaned separately (kits and dismantlable ratchet keys, (See « Dismantling and Assembly Instructions », p.50).

Cleaning by brushing

- → Brush meticulously with a soft brush (for example nylon).
- → Completely immerse in a detergent disinfectant solution following the manufacturer's recommendations.
- → Rinse with osmosed, demineralized water to avoid any deposits.
- → Carefully dry immediately with soft, sterile, fluffless wipes (combined with medical grade compressed air).
- → Check the result and repeat the cleaning procedure if necessary.

Ultrasound cleaning (only for reusable products)

- → Place the components in a low frequency ultrasound tank (25 to 50 kHz).
- → Fill with detergent disinfectant solution compatible with the procedure.
- → Clean the components by ultrasound following the manufacturer's recommendations.
- → Rinse with osmosed, demineralized water to avoid any deposits.
- → Carefully dry immediately with soft, sterile, fluffless cloths (combined with medical grade compressed air).
- → Check the result and repeat the cleaning procedure if necessary.

WARNING! Do not place cutting instruments in contact during ultrasound cleaning.
Rubbing of the parts against each other or against the tank may cause defects in appearance.

3. HEAT DISINFECTION (REUSABLE PRODUCTS ONLY)

Heat disinfection must only be used for assembled reusable components or a complete kit, placed flat with cover open.

- → Perform a 10 minute heat-disinfection cycle at 95°C (203°F).
- → Perform a drying cycle. Do not exceed 140°C (284°F).
- → Carefully dry immediately with soft, sterile, fluffless wipes (combined with medical grade compressed air).
- → Check the result and repeat the heat disinfection if necessary.

4. STERILIZATION

No components may be sterilized without prior cleaning-disinfection and drying (+pre-disinfectionforreusablecomponents).
The following sterilization parameters are recommended.
However, local or national specifications may apply and should be respected.

Steam sterilization for reusable devices and authorized disposable components

- → Place each component in an individual sealed pouch (NF EN ISO 11607) suitable for steam sterilization. Complete surgical kits should be packed in flat sterilization packaging pouches (with covers closed).
- → Use the following parameters for a steam autoclave: 135°C (275°F), 2.13 bars (30,88 psi), 20-minute minimum exposure time.

When a gravity-type autoclave is used, 15 minutes at 132°C (270°F) is recommended, followed by a drying time of 15 to 30 minutes.

- → Both sterilization date and expiry date should be mentioned on the pouches. The expiration date should be in accordance with the target shelf life established for each type of packaging under specific storage conditions (one month maximum).
- → Only use the above sterilization methods for sterilization of instruments, components, and accessories.
- → Manufacturer's recommendations for use and maintenance of the autoclave should always be followed.
- → Place the pouches so that they do not collide during the sterilization procedure.
- → Strictly follow the recommendations of the pouch manufacturer regarding storage conditions of sterile components.

French circular letter DGS/5C/DHO/E2 No. 2001-138 of March 14, 2001.

Cold sterilisation

If autoclave sterilization is not permitted, disinfect and cold sterilise by immersing in a solution of CLHOREXIDINE.

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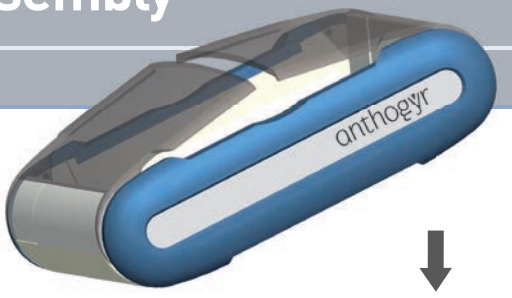
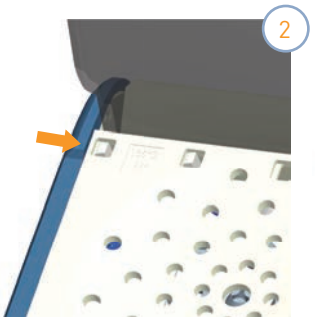
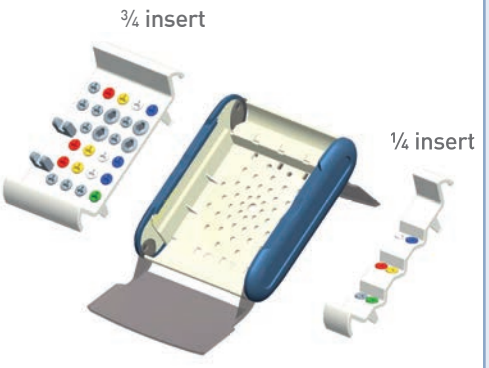
5. Disassembling and re-assembly

A. INSTRUMENT KIT



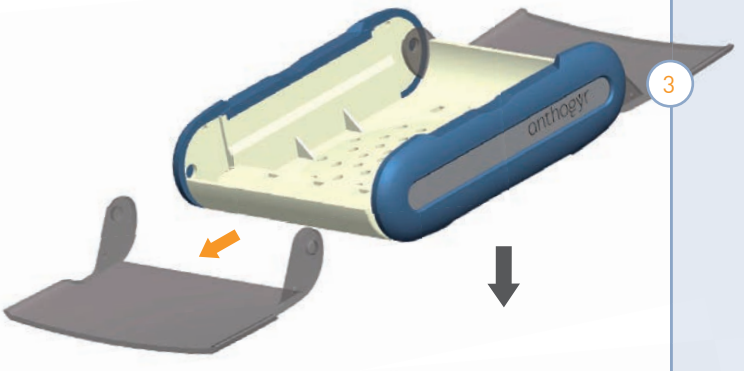
→ Open the covers.





→ Unclip the insert pegs located on the back of the kit.

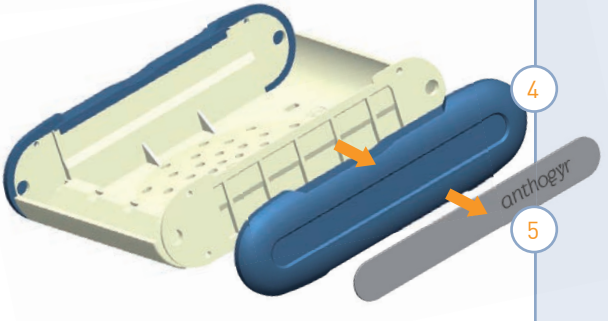
→ Remove the ¼ and ¾ inserts from the main kit body.



→ Carefully remove the side arms from the main body.

→ Detach the transparent cover pivot pegs.

→ Remove the covers.



→ Remove the side covers from the main body.

→ Detach the side covers from the side of the kit.

→ Remove the side cover ends around the stainless steel plates.

→ Detach the silicone cover plates.

→ **Repeat each stage in reverse order to assemble.**

B. REVERSIBLE PROSTHETIC RATCHET WRENCH ART. NB. IN CC

Disassembling / Re-assembling

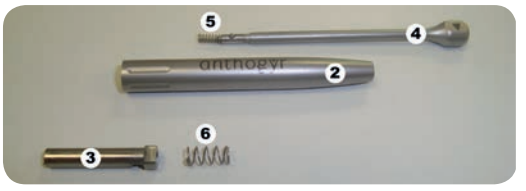
→ Unscrew the head **1** and remove it from the main body **2**.

1

→ Remove the set « ratchet **3** + rod **4** » from the body, by pushing slightly against each other the back wheel of the rod **4** and the ratchet **3** while simultaneously rotating the ratchet **3** ¼ turn anti-clockwise in order to unlock the bayonet.

2

→ Repeat the disassembling operation above in reverse order.
Insert the set « rod **4** + spring **5** » through the back part of the body **2**. Fit the spring **6** around the rod **4** through the front part of the body **2**. Assemble the ratchet **3** by pushing it onto the rod **4** and rotating it ¼ turn clockwise to lock the bayonet.
Screw the head **1** onto the body **2**.



3

C. SURGICAL DYNAMOMETRIC RATCHET WRENCH ART. NB. IN CCD

Disassembling / Re-assembly

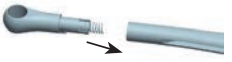
→ Unscrew the flexible rod by turning it anti-clockwise using the button.

1

→ Remove the parts « rod + button » from the sleeve.

2

→ Remove the head from the main body by pulling gently.



3

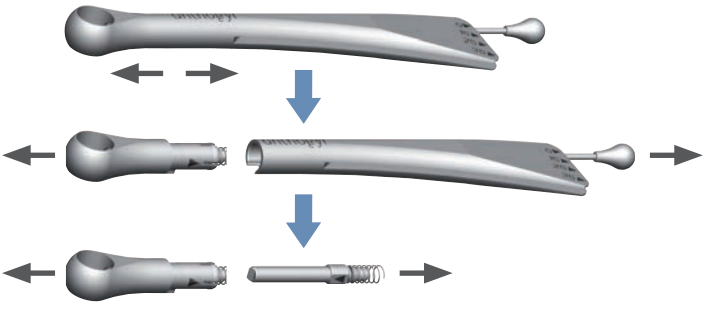
→ Remove the parts « ratchet + spring » from the head.

4

D. PROSTHETIC DYNAMOMETRIC RATCHET WRENCH ART. NB. IN CCD

Disassembling / Re-assembly

→ Remove the head of the main body by applying slight traction.



1

→ Remove the main body.

2

→ Remove the "*ratchet + spring*" set from the head.

3

→ **Repeat each stage in reverse order to assemble checking that the ratchet is correctly orientated in the head of the wrench.**

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6. Re-working axiom® REG and axiom® PX implants

1. DESCRIPTION

The axiom® re-working kit is a specific device provided as a solution for extreme situations leaving doubt about the integrity of the connection.

- → Specific drilling guide.
- → Left helical drill for contra-angle.
- → Manual tapping device.

2. INDICATIONS AND CONTRA-INDICATIONS

Rehabilitating the axiom® REG and axiom® PX implants M1.6 thread after deterioration in an osseo-integrated and/or stabilized implant (fracture of a screw or biased screwing of a screw).
It is essential to assess and remove the origin of the problem wherever possible (benefit/risk ratio less than 1).

3. RECOMMENDATIONS

- → Isolate the implant to avoid any risk of swallowing or projection of fragments.
- → Take a retro-alveolar x-ray to assess the situation (fragment, fracture level, etc.).
- → If necessary, release the peri-implant gingiva to obtain good access to the implant.
- → Clean the head and visible implant taper by spraying water and air several times interspersed with alcohol degreasing.
- → Lubricate in the internal thread (if possible) with a biocompatible lubricant.

4. USER PROTOCOL

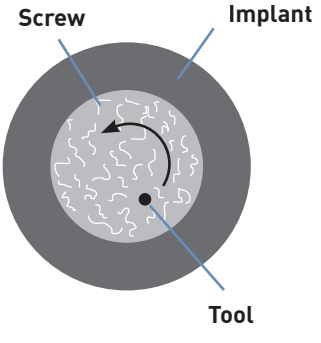
Situation n°. 1: damaged implant inner thread :

- → Screw the tapping device manually 2/10 or 3/10 of a millimeter along the axis of the implant, following the implant taper and never forcing.
- → Carefully remove the tapping device manually.
- → Clean the inner thread and remove any fragments which have formed.
- → Repeat these procedures to the end of the taper.
- → Re-test a screw.

Situation n°. 2: fractured screw

Scenario n°. 1: free fragment(s) of screw in rotation

- → Use a straight probe or diamond tipped boring drill on an old gripped contra-angle.
- → Lock the tip of the instrument in one of the rough points on the visible surface of the fragment.
- → Apply rotatory side force **anti-clockwise to unscrew the fragment(s).**
- → Remove the fragment(s) and chips formed.
- → Complete the procedure referring to situation n°. 1.



Scenario n°. 2: screw fragment(s) locked in rotation

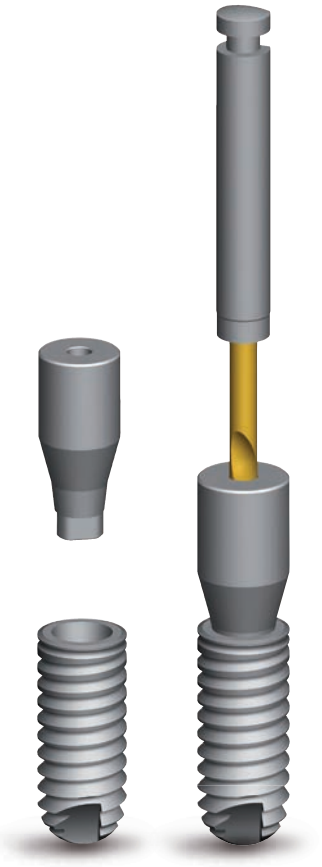
Solution n° 1: ultrasound probe :

→ Unlock the fragment(s) by ultrasound keeping the ultrasound probe insert in the centre of the fractured fragment.
→ End the procedure (once the fragments have been released) referring to **scenario n°. 1.**

WARNING! The aim is to release the fractured fragment from the internal spirals of the implant. Ultrasound may be dangerous to use as it may damage the spiral and increase difficulties. Above all, do not try to unscrew the fragment by ultrasound.

Solution n°. 2: axiom® re-working kit :

→ Place the drilling guide on the implant.
→ Assemble the drill onto the contra-angle.
→ Set the motor in reverse at an instrument speed of 150 to 200 rpm.
→ Use the spray function and the back and forward movement to cool the drill.
→ Press on the drill to unlock/unscrew the fragment.
→ Remove the guide and drill.
→ Complete the procedure referring to **scenario n°. 1.**



Scenario n°. 3: fragment(s) screw(s) on but do(es) not unscrew

→ Screw the fragment(s) fully in (a new screw may be introduced without any interference if the fragment(s) is/are short).
→ Use the re-working kit M1.6 tapping device to reform the damaged threads on the upper part of the taper.
→ Unscrew the fragment(s) referring to **scenario n°. 1.**

If not :

→ Refer to **solution n°. 2** and drill the centre of the fragment. Complete the procedure referring to **situation n°. 1**

After carefully removing fragments of metal from inside the implant, re-assemble the prosthetic part with a new screw. Do not forget to treat the cause of the fractured screw (occlusion forces etc.).

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7. Component reference numbers

A. AXIOM® REG AND AXIOM® PX IMPLANTS

	IMPLANTS	REFERENCES
	Axiom® REG Ø Implant 3.4 mm Ø Prosthetic interface 2.7 mm *Closure screw included* **Medical grade V titanium** Axiom® REG Ø 3.4 x 8 mm Axiom® REG Ø 3.4 x 10 mm Axiom® REG Ø 3.4 x 12 mm Axiom® REG Ø 3.4 x 14 mm Axiom® REG Ø 3.4 x 16 mm Axiom® REG Ø 3.4 x 18 mm	STERILE **OP34080** **OP34100** **OP34120** **OP34140** **OP34160** **OP34180**
	Axiom® REG Ø Implant 4.0 mm Ø Prosthetic interface 2.7 mm *Closure screw included* **Medical grade V titanium** Axiom® REG Ø 4.0 x 6.5 mm Axiom® REG Ø 4.0 x 8 mm Axiom® REG Ø 4.0 x 10 mm Axiom® REG Ø 4.0 x 12 mm Axiom® REG Ø 4.0 x 14 mm Axiom® REG Ø 4.0 x 16 mm Axiom® REG Ø 4.0 x 18 mm	STERILE **OP40060** **OP40080** **OP40100** **OP40120** **OP40140** **OP40160** **OP40180**
	Axiom® REG Ø Implant 4.6 mm Ø Prosthetic interface 2.7 mm *Closure screw included* **Medical grade V titanium** Axiom® REG Ø 4.6 x 6.5 mm Axiom® REG Ø 4.6 x 8 mm Axiom® REG Ø 4.6 x 10 mm Axiom® REG Ø 4.6 x 12 mm Axiom® REG Ø 4.6 x 14 mm	STERILE **OP46060** **OP46080** **OP46100** **OP46120** **OP46140**
	Axiom® REG Ø Implant 5.2 mm Ø Prosthetic interface 2.7 mm *Closure screw included* **Medical grade V titanium** Axiom® REG Ø 5.2 x 6.5 mm Axiom® REG Ø 5.2 x 8 mm Axiom® REG Ø 5.2 x 10 mm Axiom® REG Ø 5.2 x 12 mm Axiom® REG Ø 5.2 x 14 mm	STERILE **OP52060** **OP52080** **OP52100** **OP52120** **OP52140**

IMPLANTS		REFERENCES
	Axiom® PX Ø Implant 3.4 mm Ø Prosthetic interface 2.7 mm ***Closure screw included*** **Medical grade V titanium** Axiom® PX Ø 3.4 x 8 mm Axiom® PX Ø 3.4 x 10 mm Axiom® PX Ø 3.4 x 12 mm Axiom® PX Ø 3.4 x 14 mm Axiom® PX Ø 3.4 x 16 mm Axiom® PX Ø 3.4 x 18 mm	STERILE **PX34080** **PX34100** **PX34120** **PX34140** **PX34160** **PX34180**
	Axiom® PX Ø Implant 4.0 mm Ø Prosthetic interface 2.7 mm ***Closure screw included*** **Medical grade V titanium** Axiom® PX Ø 4.0 x 8 mm Axiom® PX Ø 4.0 x 10 mm Axiom® PX Ø 4.0 x 12 mm Axiom® PX Ø 4.0 x 14 mm Axiom® PX Ø 4.0 x 16 mm Axiom® PX Ø 4.0 x 18 mm	STERILE **PX40080** **PX40100** **PX40120** **PX40140** **PX40160** **PX40180**
	Axiom® PX Ø Implant 4.6 mm Ø Prosthetic interface 2.7 mm ***Closure screw included*** **Medical grade V titanium** Axiom® PX Ø 4.6 x 6.5 mm Axiom® PX Ø 4.6 x 8 mm Axiom® PX Ø 4.6 x 10 mm Axiom® PX Ø 4.6 x 12 mm Axiom® PX Ø 4.6 x 14 mm	STERILE **PX46060** **PX46080** **PX46100** **PX46120** **PX46140**
	Axiom® PX Ø Implant 5.2 mm Ø Prosthetic interface 2.7 mm ***Closure screw included*** **Medical grade V titanium** Axiom® PX Ø 5.2 x 6.5 mm Axiom® PX Ø 5.2 x 8 mm Axiom® PX Ø 5.2 x 10 mm Axiom® PX Ø 5.2 x 12 mm	STERILE **PX52060** **PX52080** **PX52100** **PX52120**

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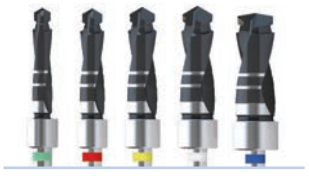
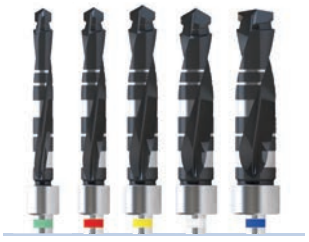
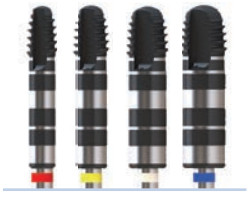
B. SURGICAL INSTRUMENTS

DRILLS AND TAPS		REFERENCES
	Medical grade stainless steel Round bur	**IN FB20**
	Medical grade stainless steel Pointer drill	**OPPO15150**
	Initial drills **Medical grade stainless steel** Initial drill Ø2.0 S Initial drill Ø2.0 L	**OPFI20S** **OPFI20L**
 	**Step drills** **Medical grade stainless steel** **S drills** Step drill Ø 2.0/ 2.4 S Step drill Ø 2.4/ 3.0 S Step drill Ø 3.0/ 3.6 S Step drill Ø 3.6/ 4.2 S Step drill Ø 4.2/ 4.8 S Pack of 6 S drills (initial drill Ø 2.0 S + 5 S drills) **L drills** Step drill Ø 2.0/ 2.4 L Step drill Ø 2.4/ 3.0 L Step drill Ø 3.0/ 3.6 L Step drill Ø 3.6/ 4.2 L Step drill Ø 4.2/ 4.8 L Pack of 6 L drills (initial drill Ø 2.0 L + 5 S drills) Pack of 12 S/L drills including S/L initial drills Ø 2mm, 5 S drills and 5 L drills (for 1 kit) Axiom® REG/PX IN MOD OPS2	🟢 **OPFE24S** 🔴 **OPFE30S** 🟡 **OPFE36S** ⚪ **OPFE42S** 🔵 **OPFE48S** **OPFES-6** 🟢 **OPFE24L** 🔴 **OPFE30L** 🟡 **OPFE36L** ⚪ **OPFE42L** 🔵 **OPFE48L** **OPFEL-6** **OPFESL-12**
	**L taps Axiom® REG** **Medical grade stainless steel** Tap Ø 3.4 L Tap Ø 4.0 L Tap Ø 4.6 L Tap Ø 5.2 L Pack of 4 L taps	🔴 **OPTA34L** 🟡 **OPTA40L** ⚪ **OPTA46L** 🔵 **OPTA52L** **OPTA-4**

MANDRELS AND WRENCHES		REFERENCES
	Implant screwing mandrels **Medical grade stainless steel** Short implant mandrel (S) 17 mm Medium implant mandrel (M) 21 mm Long implant mandrel (L) 26 mm NEW!	**OPMV180** **OPMV215** **OPMV250**
	Implant screw wrenches **Medical grade stainless steel** Short manual wrench (S) 19 mm Medium manual wrench (M 25 mm Long manual wrench (L) 31 mm NEW!	**OPCV060** **OPCV110** **OPCV160**
	Surgical prosthesis mandrel **Medical grade stainless steel** Long hexagonal mandrel	**IN MHELV**
	Surgical prosthesis wrench **Medical grade stainless steel** Manual surgical wrench NEW DESIGN!	**OPCS100**
	Mandrel extension **Medical grade stainless steel** Mandrel extension	**IN EXM**
	Mandrel holding wrench **Medical grade stainless steel** Mandrel holding wrench	**IN CPM**
	Reversible manual ratchet wrench **Medical grade stainless steel** Ratchet wrench	**IN CC**
	Surgical dynamometric wrench **Medical grade stainless steel** Reversible wrench	**IN CCDC**
	Axiom® dual function depth gauge **Medical grade V titanium** Axiom® Angled depth gauge NEW!	**OPJC001**

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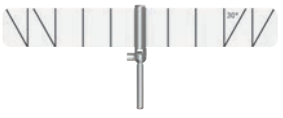
ACCESSOIRES DE CHIRURGIE		REFERENCES
	Gauges **Medical grade V titanium** Gauge Ø 2 mm Gauge Ø 2.4 mm Gauge Ø 3 mm Gauge Ø 3.6 mm Gauge Ø 4.2 mm Gauge Ø 4.8 mm	**OPJD020** **OPJD024** **OPJD030** **OPJD036** **OPJD042** **OPJD048**
	Drill guide **Medical grade stainless steel** Parallelising drill guide	**IN GPPA**
	**Angled drill guide** NEW! **Medical grade stainless steel** Angled drill guide for complete dental restoration using a limited number of implants	**IN GFA**

SURGICAL KITS		REFERENCES
	Complete surgical kit Drills and tapping devices Mandrels and wrenches Surgical accessories *Axiom® calibration films included*	**IN MOD OPS2**
-	**Update kit for long drills** Included 6 L drills + 1 green S drill + gray inserts	**KT DRILL OPS2**
-	**Empty surgical kit**	**IN MOD OPS2V**
	Axiom® REG calibrating film **Axiom® PX calibrating film**	**NOT OPFC** **NOT PXFC**

	DRILL STOPS	REFERENCES
	Stop for S and L drills **TA6V Grade V**	
	Stop for S drills Ø 2.0 / Ø 2.4 / Ø 3.0 mm Lg 6.5 mm Lg 8 mm Lg 10 mm	 **OPB3006C** **OPB3008C** **OPB3010C**
	Stop for L drills Ø 2.0 / Ø 2.4 / Ø 3.0 mm Lg 6.5 mm Lg 8 mm Lg 10 mm Lg 12 mm Lg 14 mm Lg 16 mm Lg 18 mm	 **OPB3006L** **OPB3008L** **OPB3010L** **OPB3012L** **OPB3014L** **OPB3016L** **OPB3018L**
	Ø 3.6 mm Lg 6.5 mm Lg 8 mm Lg 10 mm	 **OPB3606C** **OPB3608C** **OPB3610C**
	Stop for L drills Ø 3.6 mm Lg 6.5 mm Lg 8 mm Lg 10 mm Lg 12 mm Lg 14 mm Lg 16 mm Lg 18 mm	 **OPB3606L** **OPB3608L** **OPB3610L** **OPB3612L** **OPB3614L** **OPB3616L** **OPB3618L**
	Stop for S drills Ø 4.2 mm Lg 6.5 mm Lg 8 mm Lg 10 mm	 **OPB4206C** **OPB4208C** **OPB4210C**
	Stop for L drills Ø 4.2 mm Lg 6.5 mm Lg 8 mm Lg 10 mm Lg 12 mm Lg 14 mm	 **OPB4206L** **OPB4208L** **OPB4210L** **OPB4212L** **OPB4214L**
	Stop for S drills Ø 4.8 mm Lg 6.5 mm Lg 8 mm Lg 10 mm	 **OPB4806C** **OPB4808C** **OPB4810C**
	Stop for L drills Ø 4.8 mm Lg 6.5 mm Lg 8 mm Lg 10 mm Lg 12 mm Lg 14 mm	 **OPB4806L** **OPB4808L** **OPB4810L** **OPB4812L** **OPB4814L**

	DRILL STOPS KIT	REFERENCES
	Drill stops kit 36 stop kit for S and L drills	**IN MOD OPBSL**
-	**Update kit for L stops** Including ¾ rack for drill stop + 24 long drill stops	**KIT STOP L**

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C. PROSTHETIC COMPONENTS

Prosthetic components are delivered non-sterile, unless otherwise stated.

PROSTHETIC SCREWS		REFERENCES
	Closure screw (STERILE) **Medical grade V titanium** Closure screw	 **OPIM100**
	Healing screws (STERILE) **Medical grade V titanium**	
	Base diameter Ø 3.4 mm Healing screw Ø 3.4 H1.5 Healing screw Ø 3.4 H2.5 Healing screw Ø 3.4 H3.5 Healing screw Ø 3.4 H4.5	 **OPHS310** **OPHS320** **OPHS330** **OPHS340**
	Base diameter Ø 4.0 mm Healing screw Ø 4.0 H0.75 Healing screw Ø 4.0 H1.5 Healing screw Ø 4.0 H2.5 Healing screw Ø 4.0 H3.5 Healing screw Ø 4.0 H4.5	 **OPHS400** **OPHS410** **OPHS420** **OPHS430** **OPHS440**
	Base diameter Ø 5.0 mm Healing screw Ø 5.0 H0.75 Healing screw Ø 5.0 H1.5 Healing screw Ø 5.0 H2.5 Healing screw Ø 5.0 H3.5 Healing screw Ø 5.0 H4.5	 **OPHS500** **OPHS510** **OPHS520** **OPHS530** **OPHS540**
	Base diameter Ø 6.0 mm Healing screw Ø 6.0 H1.5 Healing screw Ø 6.0 H2.5 Healing screw Ø 6.0 H3.5 Healing screw Ø 6.0 H4.5	 **OPHS610** **OPHS620** **OPHS630** **OPHS640**
	Base diameter Ø 3.4 mm Short healing screw Ø 3.4 H1.5 Short healing screw Ø 3.4 H2.5 Short healing screw Ø 3.4 H3.5 Short healing screw Ø 3.4 H4.5	 **OPHSF310** **OPHSF320** **OPHSF330** **OPHSF340**
	Base diameter Ø 4.0 mm Short healing screw Ø 4.0 H0.75 Short healing screw Ø 4.0 H1.5 Short healing screw Ø 4.0 H2.5 Short healing screw Ø 4.0 H3.5 Short healing screw Ø 4.0 H4.5	 **OPHSF400** **OPHSF410** **OPHSF420** **OPHSF430** **OPHSF440**
	Base diameter Ø 5.0 mm Short healing screw Ø 5.0 H0.75 Short healing screw Ø 5.0 H1.5 Short healing screw Ø 5.0 H2.5 Short healing screw Ø 5.0 H3.5 Short healing screw Ø 5.0 H4.5	 **OPHSF500** **OPHSF510** **OPHSF520** **OPHSF530** **OPHSF540**
	Base diameter Ø 6.0 mm Short healing screw Ø 6.0 H1.5 Short healing screw Ø 6.0 H2.5 Short healing screw Ø 6.0 H3.5 Short healing screw Ø 6.0 H4.5	 **OPHSF610** **OPHSF620** **OPHSF630** **OPHSF640**

PROSTHETIC SCREWS (FOLLOW)		REFERENCES
	M1.6 Standard prosthetic screws **Medical grade V titanium** **Black Tite®** M1.6 prosthetic screw Titanium M1.6 prosthetic screw M1.6 laboratory screw Short Pick-up screw Long Pick-up Screw	**OPTS160** **OPTS161** **OPTS162** **OPPU101** **OPPU102**
	M1.4 prosthetic screws for conical abutments OPAC/OPSC **Medical grade V titanium** **Black Tite®** M1.4 conical abutment screw M1.4 Titanium abutment screw Short conical abutment Pick-up Screw Long conical abutment Pick-up Screw	**OPAC140** **OPAC141** **OPAC501** **OPAC502**
NEW! ⚠ Specific Multi-Unit screws	**M1.6 Multi-Unit prosthetic screws** **Medical grade V titanium** Multi-Unit **Black Tite®** M1.6 prosthetic screw Multi-Unit M1.6 blue screw (unitary) Multi-Unit M1.6 blue screw (by 4)	**OPMU160** **OPMU161** **OPMU161-4**
NEW! ⚠ Specific Multi-Unit screws	**M1.4 Multi-Unit prosthetic screws** **Medical grade V titanium** Multi-Unit **Black Tite®** M1.4 screw Multi-Unit titanium M1.4 screw (anodized blue)	**MU140** **MU141**
NEW! ⚠ Specific Multi-Unit screws	**Medical grade V titanium** Multi-Unit short laboratory screw Multi-Unit long laboratory screw	**MUT101** **MUT102**

TRANSFERS AND ANALOGS		REFERENCES
	Pick-up transfer Taking direct impression from implant *Short and long Pick-up screws included* **Medical grade V titanium** Pick-up Transfer (unitary) Pick-up Transfer (by 4)	**OPPU100** **OPPU100-4**
	Pop-in transfer Taking direct impression from implant *Pop-In screw included* **Medical grade V titanium** Pop-in Transfer (unitary) Pop-in Transfer (by 4)	**OPPI100** **OPPI100-4**
NEW! 	**Short Pop-in transfer** Taking direct impression from implant *Pop-In screw included* **Medical grade V titanium** Short Pop-in Transfer (unitary) Short Pop-in Transfer (by 4)	**OPPI100S** **OPPI100S-4**
	Implant analog *M1.6 titanium prosthetic screw included* **Medical grade V titanium** Implant analog (unitary) Implant analog (by 4)	**OPIA100** **OPIA100-4**

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TEMPORARY ABUTMENTS THREE-LOBED		REFERENCES
NEW DESIGN!	**Temporary abutments (STERILE)** *M1.6 titanium prosthetic screw included* **Medical grade V titanium**	
	Base diameter Ø 3.4 mm	
	Temporary abutment Ø 3.4 H1.5	**OPTP310**
	Temporary abutment Ø 3.4 H2.5	**OPTP320**
	Temporary abutment Ø 3.4 H3.5	**OPTP330**
	Temporary abutment Ø 3.4 H4.5	**OPTP340**
	Base diameter Ø 4.0 mm	
	Temporary abutment Ø 4.0 H0.75	**OPTP400**
	Temporary abutment Ø 4.0 H1.5	**OPTP410**
	Temporary abutment Ø 4.0 H2.5	**OPTP420**
	Temporary abutment Ø 4.0 H3.5	**OPTP430**
	Temporary abutment Ø 4.0 H4.5	**OPTP440**
	Base diameter Ø 5.0 mm	
	Temporary abutment Ø 5.0 H0.75	**OPTP500**
	Temporary abutment Ø 5.0 H1.5	**OPTP510**
	Temporary abutment Ø 5.0 H2.5	**OPTP520**
	Temporary abutment Ø 5.0 H3.5	**OPTP530**
	Temporary abutment Ø 5.0 H4.5	**OPTP540**
	Base diameter Ø 6.0 mm	
	Temporary abutment Ø 6.0 H1.5	**OPTP610**
	Temporary abutment Ø 6.0 H2.5	**OPTP620**
	Temporary abutment Ø 6.0 H3.5	**OPTP630**
	Temporary abutment Ø 6.0 H4.5	**OPTP640**

PERSONALISABLE ABUTMENTS		REFERENCES
	Gold cast-on abutment CERAMICOR ***Black Tite®** M1.6 prosthetic screw included* **CERAMICOR & PMMA** Gold cast-on abutment	**OPOG110**
	Gold cast-on abutment PIVOSYL** ***Black Tite®** M1.6 prosthetic screw included* **PIVOZYL & PMMA** Gold cast-on abutment	**OPOG100**
	Reworkable abutment ***Black Tite®** M1.6 prosthetic screw included* **Medical grade V titanium** Re-workable abutment	**OPFS100**

** Subject to stock availability.

TITANIUM AESTHETIC ABUTMENTS		REFERENCES
	Titanium aesthetic abutments (three-lobed) ***Black Tite®*** *M1.6 prosthetic screw included*	
	Medical grade V titanium **Base diameter Ø 3.4 mm**	
	Titanium aesthetic abutment Ø 3.4 H1.5 7°	**OPAT31-7**
	Titanium aesthetic abutment Ø 3.4 H2.5 7°	**OPAT32-7**
	Titanium aesthetic abutment Ø 3.4 H3.5 7°	**OPAT33-7**
	Titanium aesthetic abutment Ø 3.4 H4.5 7°	**OPAT34-7**
	Titanium aesthetic abutment Ø 3.4 H1.5 15°	**OPAT311**
	Titanium aesthetic abutment Ø 3.4 H2.5 15°	**OPAT321**
	Titanium aesthetic abutment Ø 3.4 H3.5 15°	**OPAT331**
	Titanium aesthetic abutment Ø 3.4 H4.5 15°	**OPAT341**
	Base diameter Ø 4.0 mm	
	Titanium aesthetic abutment Ø 4.0 H0.75 0°	**OPAT400**
	Titanium aesthetic abutment Ø 4.0 H1.5 0°	**OPAT410**
	Titanium aesthetic abutment Ø 4.0 H2.5 0°	**OPAT420**
	Titanium aesthetic abutment Ø 4.0 H3.5 0°	**OPAT430**
	Titanium aesthetic abutment Ø 4.0 H4.5 0°	**OPAT440**
	Titanium aesthetic abutment Ø 4.0 H0.75 7°	**OPAT40-7**
	Titanium aesthetic abutment Ø 4.0 H1.5 7°	**OPAT41-7**
	Titanium aesthetic abutment Ø 4.0 H2.5 7°	**OPAT42-7**
	Titanium aesthetic abutment Ø 4.0 H3.5 7°	**OPAT43-7**
	Titanium aesthetic abutment Ø 4.0 H4.5 7°	**OPAT44-7**
	Titanium aesthetic abutment Ø 4.0 H0.75 15°	**OPAT401**
	Titanium aesthetic abutment Ø 4.0 H1.5 15°	**OPAT411**
	Titanium aesthetic abutment Ø 4.0 H2.5 15°	**OPAT421**
	Titanium aesthetic abutment Ø 4.0 H3.5 15°	**OPAT431**
	Titanium aesthetic abutment Ø 4.0 H4.5 15°	**OPAT441**
	Titanium aesthetic abutment Ø 4.0 H0.75 23°	**OPAT402**
	Titanium aesthetic abutment Ø 4.0 H1.5 23°	**OPAT412**
	Titanium aesthetic abutment Ø 4.0 H2.5 23°	**OPAT422**
	Titanium aesthetic abutment Ø 4.0 H3.5 23°	**OPAT432**
	Titanium aesthetic abutment Ø 4.0 H4.5 23°	**OPAT442**
	Base diameter Ø 5.0 mm	
	Titanium aesthetic abutment Ø 5.0 H0.75 0°	**OPAT500**
	Titanium aesthetic abutment Ø 5.0 H1.5 0°	**OPAT510**
	Titanium aesthetic abutment Ø 5.0 H2.5 0°	**OPAT520**
	Titanium aesthetic abutment Ø 5.0 H3.5 0°	**OPAT530**
	Titanium aesthetic abutment Ø 5.0 H4.5 0°	**OPAT540**
	Titanium aesthetic abutment Ø 5.0 H0.75 7°	**OPAT50-7**
	Titanium aesthetic abutment Ø 5.0 H1.5 7°	**OPAT51-7**
	Titanium aesthetic abutment Ø 5.0 H2.5 7°	**OPAT52-7**
	Titanium aesthetic abutment Ø 5.0 H3.5 7°	**OPAT53-7**
	Titanium aesthetic abutment Ø 5.0 H4.5 7°	**OPAT54-7**
	Titanium aesthetic abutment Ø 5.0 H0.75 15°	**OPAT501**
	Titanium aesthetic abutment Ø 5.0 H1.5 15°	**OPAT511**
	Titanium aesthetic abutment Ø 5.0 H2.5 15°	**OPAT521**
	Titanium aesthetic abutment Ø 5.0 H3.5 15°	**OPAT531**
	Titanium aesthetic abutment Ø 5.0 H4.5 15°	**OPAT541**
	Titanium aesthetic abutment Ø 5.0 H0.75 23°	**OPAT502**
	Titanium aesthetic abutment Ø 5.0 H1.5 23°	**OPAT512**
	Titanium aesthetic abutment Ø 5.0 H2.5 23°	**OPAT522**
	Titanium aesthetic abutment Ø 5.0 H3.5 23°	**OPAT532**
	Titanium aesthetic abutment Ø 5.0 H4.5 23°	**OPAT542**

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TITANIUM AESTHETIC ABUTMENTS		REFERENCES
	Titanium aesthetic abutments (three-lobed) ***Black Tite®** M1.6 prosthetic screw included* **Base diameter Ø 6.0 mm**	
	Titanium aesthetic abutment Ø 6.0 H1.5 0°	**OPAT610**
	Titanium aesthetic abutment Ø 6.0 H2.5 0°	**OPAT620**
	Titanium aesthetic abutment Ø 6.0 H3.5 0°	**OPAT630**
	Titanium aesthetic abutment Ø 6.0 H4.5 0°	**OPAT640**
	Titanium aesthetic abutment Ø 6.0 H1.5 15°	**OPAT611**
	Titanium aesthetic abutment Ø 6.0 H2.5 15°	**OPAT621**
	Titanium aesthetic abutment Ø 6.0 H3.5 15°	**OPAT631**
	Titanium aesthetic abutment Ø 6.0 H4.5 15°	**OPAT641**

ZIRCONIA AESTHETIC ABUTMENTS		REFERENCES
NEW DESIGN!	**Zirconia aesthetic abutments** Straight 0° and angulated 15° abutments three-lobed	
	Medical grade V titanium Base diameter Ø 5.0 mm *M1.6 prosthetic screw included*	
	Zirconia aesthetic abutment Ø 5.0 H1.5 - 0°	**OPAZ510**
	Zirconia aesthetic abutment Ø 5.0 H1.5 - 15°	**OPAZ511**
	Zirconia aesthetic abutment Ø 5.0 H3.5 - 0°	**OPAZ530**
	Zirconia aesthetic abutment Ø 5.0 H3.5 - 15°	**OPAZ531**

STANDARD TITANIUM ABUTMENT				REFERENCES
	Standard titanium abutments (STERILE) ***Black Tite®** M1.6 prosthetic screw included* **Medical grade V titanium** **Standard abutment 0°**			
	STD abutment	Ø 3.4 H1.5/H4	0°	**OPST314**
	STD abutment	Ø 3.4 H2.5/H4	0°	**OPST324**
	STD abutment	Ø 3.4 H3.5/H4	0°	**OPST334**
	STD abutment	Ø 3.4 H1.5/H6	0°	**OPST316**
	STD abutment	Ø 3.4 H2.5/H6	0°	**OPST326**
	STD abutment	Ø 3.4 H3.5/H6	0°	**OPST336**
	STD abutment	Ø 4.0 H1.5/H4	0°	**OPST414**
	STD abutment	Ø 4.0 H2.5/H4	0°	**OPST424**
	STD abutment	Ø 4.0 H3.5/H4	0°	**OPST434**
	STD abutment	Ø 4.0 H1.5/H6	0°	**OPST416**
	STD abutment	Ø 4.0 H2.5/H6	0°	**OPST426**
	STD abutment	Ø 4.0 H3.5/H6	0°	**OPST436**
	STD abutment	Ø 5.0 H1.5/H4	0°	**OPST514**
	STD abutment	Ø 5.0 H2.5/H4	0°	**OPST524**
	STD abutment	Ø 5.0 H3.5/H4	0°	**OPST534**
	STD abutment	Ø 5.0 H1.5/H6	0°	**OPST516**
	STD abutment	Ø 5.0 H2.5/H6	0°	**OPST526**
	STD abutment	Ø 5.0 H3.5/H6	0°	**OPST536**
	STD abutment	Ø 6.0 H1.5/H4	0°	**OPST614**
	STD abutment	Ø 6.0 H2.5/H4	0°	**OPST624**
	STD abutment	Ø 6.0 H3.5/H4	0°	**OPST634**
	STD abutment	Ø 6.0 H1.5/H6	0°	**OPST616**
	STD abutment	Ø 6.0 H2.5/H6	0°	**OPST626**
	STD abutment	Ø 6.0 H3.5/H6	0°	**OPST636**
	FStandard abutment 15° (360° rotation)			
	STD abutment	Ø 4.0 H1.5/H6	15°	**OPST416_15**
	STD abutment	Ø 4.0 H2.5/H6	15°	**OPST426_15**
	STD abutment	Ø 4.0 H3.5/H6	15°	**OPST436_15**
	STD abutment	Ø 5.0 H1.5/H6	15°	**OPST516_15**
	STD abutment	Ø 5.0 H2.5/H6	15°	**OPST526_15**
	STD abutment	Ø 5.0 H3.5/H6	15°	**OPST536_15**
	Standard abutment 23° (360° rotation)			
	STD abutment	Ø 4.0 H1.5/H6	23°	**OPST416_23**
	STD abutment	Ø 4.0 H2.5/H6	23°	**OPST426_23**
	STD abutment	Ø 4.0 H3.5/H6	23°	**OPST436_23**
	STD abutment	Ø 5.0 H1.5/H6	23°	**OPST516_23**
	STD abutment	Ø 5.0 H2.5/H6	23°	**OPST526_23**
	STD abutment	Ø 5.0 H3.5/H6	23°	**OPST536_23**

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STANDARD ABUTMENT ANALOGS		REFERENCES
	STD abutment analogs **Medical grade V titanium** Base diameter Ø 3.4 mm *Crown height 4 and 6 mm* STD Abutment analog Ø 3.4 H4 STD Abutment analog Ø 3.4 H6	 **OPSA304** **OPSA306**
	Base diameter Ø 4.0 mm *Crown height 4 and 6 mm* STD Abutment analog Ø 4.0 H4 STD Abutment analog Ø 4.0 H6	 **OPSA404** **OPSA406**
	Base diameter Ø 5.0 mm *Crown height 4 and 6 mm* STD Abutment analog Ø 5.0 H4 STD Abutment analog Ø 5.0 H6	 **OPSA504** **OPSA506**
	Base diameter Ø 6.0 mm *Crown height 4 and 6 mm* STD Abutment analog Ø 6.0 H4 STD Abutment analog Ø 6.0 H6	 **OPSA604** **OPSA606**

STANDARD ABUTMENT TRANSFERS		REFERENCES
	STD Abutment Transfer **Medical Grade Plastic** Abutment transfer (unitary) Abutment transfer (by 5)	 **OPTT100** **OPTT100-5**

STANDARD ABUTMENT PROTECTIVE CAPS		REFERENCES
	STD Abutment Protective caps **Medical Grade PEEK** Base diameter Ø 3.4 mm *Crown height 4 and 6 mm* Protective cap Ø 3.4 H4 Protective cap Ø 3.4 H6	 **OPPC304** **OPPC306**
	Base diameter Ø 4.0 mm *Crown height 4 and 6 mm* Protective cap Ø 4.0 H4 Protective cap Ø 4.0 H6	 **OPPC404** **OPPC406**
	Base diameter Ø 5.0 mm *Crown height 4 and 6 mm* Protective cap Ø 5.0 H4 Protective cap Ø 5.0 H6	 **OPPC504** **OPPC506**
	Base diameter Ø 6.0 mm *Crown height 4 and 6 mm* Protective cap Ø 6.0 H4 Protective cap Ø 6.0 H6	 **OPPC604** **OPPC606**

SINGLE CASTABLE COPINGS		REFÉRENCES
	Anti-rotational castable copings Copings for single prosthesis **PMMA** Base diameter Ø 3.4 mm *Crown height 4 and 6 mm* SING castable coping Ø 3.4 H4 SING castable coping Ø 3.4 H6	 **OPCA304** **OPCA306**
	Base diameter Ø 4.0 mm *Crown height 4 and 6 mm* SING castable coping Ø 4.0 H4 SING castable coping Ø 4.0 H6	 **OPCA404** **OPCA406**
	Base diameter Ø 5.0 mm *Crown height 4 and 6 mm* SING castable coping Ø 5.0 H4 SING castable coping Ø 5.0 H6	 **OPCA504** **OPCA506**
	Base diameter Ø 6.0 mm *Crown height 4 and 6 mm* SING castable coping Ø 6.0 H4 SING castable coping Ø 6.0 H6	 **OPCA604** **OPCA606**

MULTIPLE CASTABLE COPINGS		REFERENCES
	Rotational castable copings Copings for multiple prosthesis **PMMA** Base diameter Ø 3.4 mm *Crown height 4 and 6 mm* MULT castable coping Ø 3.4 H4 MULT castable coping Ø 3.4 H6	 **OPCR304** **OPCR306**
	Base diameter Ø 4.0 mm *Crown height 4 and 6 mm* MULT castable coping Ø 4.0 H4 MULT castable coping Ø 4.0 H6	 **OPCR404** **OPCR406**
	Base diameter Ø 5.0 mm *Crown height 4 and 6 mm* MULT castable coping Ø 5.0 H4 MULT castable coping Ø 5.0 H6	 **OPCR504** **OPCR506**
	Base diameter Ø 6.0 mm *Crown height 4 and 6 mm* MULT castable coping Ø 6.0 H4 MULT castable coping Ø 6.0 H6	 **OPCR604** **OPCR606**

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NEW! AXIOM® REG/PX MULTI-UNIT COMMON PLATEFORM Ø 4.8 mm ABUTMENTS	REFERENCES
	Axiom® REG PX Multi-Unit straight abutment (STERILE) *Multi-Unit holder included* **Medical grade V titanium** Base diameter Ø 4.8 mm Axiom® REG/PX Multi-Unit abutment H0.75 0° Axiom® REG/PX Multi-Unit abutment H1.5 0° Axiom® REG/PX Multi-Unit abutment H2.5 0° Axiom® REG/PX Multi-Unit abutment H3.5 0°	OPMU0-0 OPMU0-1 OPMU0-2 OPMU0-3
	Axiom® REG PX Multi-Unit angled abutment (STERILE) *Multi-Unit holder included* *Axiom® Multi-Unit Black Tite® M1.6 screw Art. Nb. OPMU160 included* **Medical grade V titanium** Base diameter Ø 4.8 mm Axiom® REG/PX Multi-Unit abutment indexed H1.5 18° Axiom® REG/PX Multi-Unit abutment indexed H2.5 18° Axiom® REG/PX Multi-Unit abutment indexed H3.5 18° Axiom® REG/PX Multi-Unit abutment indexed H0.75 30° Axiom® REG/PX Multi-Unit abutment indexed H1.5 30° Axiom® REG/PX Multi-Unit abutment indexed H2.5 30° Axiom® REG/PX Multi-Unit abutment indexed H3.5 30°	OPMU18-1-IN OPMU18-2-IN OPMU18-3-IN OPMU30-0-IN OPMU30-1-IN OPMU30-2-IN OPMU30-3-IN
	Axiom® REG/PX Multi-Unit abutment non indexed H1.5 18° Axiom® REG/PX Multi-Unit abutment non indexed H2.5 18° Axiom® REG/PX Multi-Unit abutment non indexed H3.5 18° Axiom® REG/PX Multi-Unit abutment non indexed H0.75 30° Axiom® REG/PX Multi-Unit abutment non indexed H1.5 30° Axiom® REG/PX Multi-Unit abutment non indexed H2.5 30° Axiom® REG/PX Multi-Unit abutment non indexed H3.5 30°	OPMU18-1 OPMU18-2 OPMU18-3 OPMU30-0 OPMU30-1 OPMU30-2 OPMU30-3
	Medical grade V titanium Multi-Unit protective cap **(STERILE)** (by 1) Multi-Unit protective cap **(STERILE)** (by 4)	MUCAP MUCAP-4
	Medical grade V titanium Multi-Unit Pick-up transfer (by 1) Multi-Unit Pick-up transfer (by 4) *1 short screw MUT101 and 1 long screw MUT102 included*	MUT100 MUT100-4
	Medical grade V titanium Multi-Unit Pop-in transfer (by 1) Multi-Unit Pop-in transfer (by 4)	MUT200 MUT200-4
	Medical grade V titanium Multi-Unit titanium temporary coping *1 Multi-Unit titanium M1.4 screw included*	MUC100
	PEEK Multi-Unit castable coping *1 Multi-Unit titanium M1.4 screw included*	MUC200
	PLASTIC Multi-Unit castable coping *1 Multi-Unit Black Tite® M1.4 screw included*	MUC300
	Medical grade V titanium Multi-Unit analog abutment (by 1) Multi-Unit analog abutment (by 4) *1 Multi-Unit titanium M1.4 screw included* **Medical grade V titanium** Multi-Unit protective analog (by 1) Multi-Unit protective analog (by 4)	MUA100 MUA100-4 MUA200 MUA200-4

NEW! AXIOM® REG/PX MULTI-UNIT NARROW PLATFORM Ø 4.0 mm ABUTMENT	REFERENCES
	Axiom® REG PX Multi-Unit narrow abutment (STERILE) *Multi-Unit holder included* **Medical grade V titanium** Base diameter Ø 4.0 mm Axiom® REG/PX Multi-Unit narrow abutment H0.75 0° Axiom® REG/PX Multi-Unit narrow abutment H1.5 0° Axiom® REG/PX Multi-Unit narrow abutment H2.5 0° Axiom® REG/PX Multi-Unit narrow abutment H3.5 0°	 OPMUN0-0 OPMUN0-1 OPMUN0-2 OPMUN0-3
	Medical grade V titanium Multi-Unit narrow protective cap (STERILE)	MUNCAP
	Medical grade V titanium Multi-Unit narrow Pick-up transfer (by 1) Multi-Unit narrow Pick-up transfer (by 4) *1 short screw MUT101 and 1 long screw MUT102 included*	MUNT100 MUNT100-4
	Medical grade V titanium Multi-Unit narrow Pop-in transfer (by 1) Multi-Unit narrow Pop-in transfer (by 4)	MUNT200 MUNT200-4
	Medical grade V titanium Multi-Unit narrow titanium temporary coping *1 Multi-Unit titanium M1.4 screw included*	MUNC100
	PEEK Multi-Unit narrow castable coping *1 Multi-Unit titanium M1.4 screw included*	MUNC200
	PLASTIC Multi-Unit narrow castable coping *1 Multi-Unit Black Tite® M1.4 screw included*	MUNC300
	Medical grade V titanium Multi-Unit narrow analog abutment (by 1) Multi-Unit narrow analog abutment (by 4) *1 Multi-Unit titanium M1.4 screw included*	MUNA100 MUNA100-4
	Medical grade V titanium Multi-Unit narrow protective analog	MUNA200

pacific SYSTEM FOR NARROW MULTI-UNIT ABUTMENT	REFERENCES
	Complete kit for Pacific system Multi-Unit narrow bonding ring Ø 4.0 mm *M1.4 MU **Black Tite®** screw included* Pacific Multi-Unit narrow analog *M1.4 MU blue screw and MU laboratory screw included* Pacific Multi-Unit narrow castable coping	KITMUNPAC MUNPAC100 MUNPAC110 MUNPAC120

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STRAIGHT CONICAL ABUTMENTS		REFERENCES
	Straight conical abutments (STERILE) Base diameter Ø 4.0 mm	
	Medical grade V titanium	
	Conical abutment H1.5 - 0°	**OPSC010**
	Conical abutment H2.5 - 0°	**OPSC020**
	Conical abutment H3.5 - 0°	**OPSC030**
	Secondary parts	
	PMMA	
	Castable coping Ø 4.0	**OPSC100**
	Black Tite® M1.4 conical abutment screw included	
	Medical grade V titanium	
	Temporary coping Ø 4.0 **(STERILE)**	**OPSC200**
	M1.4 Titanium conical abutment screw included	
	Medical grade V titanium	
	Protective cap Ø 4.0 **(STERILE)**	**OPSC300**
	CERAMICOR & PMMA	
	Gold cast-on coping Ø 4.0	**OPSC410**
	Black Tite® M1.4 conical abutment screw included	
	PIVOZYL & PMMA*	
	Gold cast-on coping Ø 4.0	**OPSC400**
	Black Tite® M1.4 conical abutment screw included	
	Medical grade V titanium	
	Pick-up abutment transfer (unitary)	**OPSC500**
	Pick-up abutment transfer (by 4)	**OPSC500-4**
	Short and long conical abutment Pick-up screws included	
	Medical grade V titanium	
	Pop-In abutment transfer (unitary)	**OPSC600**
	Pop-In abutment transfer (by 4)	**OPSC600-4**
	Medical grade V titanium	
	Conical abutment analog Ø 4.0 (unitary)	**OPSC700**
	Conical abutment analog Ø 4.0 by 4)	**OPSC700-4**
	M1.4 titanium conical abutment screw included	

pacific SYSTEM		REFERENCES
	Complete kit for Pacific system	**KIT OPSC800**
	Bonding ring Ø 4.0 mm	**OPSC800**
	Black Tite® M1.4 conical abutment screw included	
	Pacific analog	**OPSC910**
	M1.4 laboratory scew and short pick-up screw included.	
	Castable coping	**OPSC901**

* Subject to stock availability.

ANGULATED CONICAL ABUTMENTS		REFERENCE
	Angulated conical abutments (STERILE) Base diameter Ø 4.8 mm	
	Medical grade V titanium ***Black Tite® M1.6 prosthetic screw included***	
	Angulated conical abutment H2.5 - 18°- AR	**OPAC022**
	Angulated conical abutment H2.5 - 18° - R	**OPACR22**
	Angulated conical abutment H2.5 - 30° - AR	**OPAC023**
	Angulated conical abutment H2.5 - 30° - R	**OPACR23**
	Angulated conical abutment H3.5 - 18° - AR	**OPAC032**
	Angulated conical abutment H3.5 - 18° - R	**OPACR32**
	Angulated conical abutment H3.5 - 30°- AR	**OPAC033**
	Angulated conical abutment H3.5 - 30°- R	**OPACR33**
	Angulated conical abutment H4.5 - 18° - AR	**OPAC042**
	Angulated conical abutment H4.5 - 18° - R	**OPACR42**
	Angulated conical abutment H4.5 - 30°- AR	**OPAC043**
	Angulated conical abutment H4.5 - 30°- R	**OPACR43**
	Secondary parts **PMMA** Castable coping Ø 4.8 ***Black Tite® M1.4 conical abutment screw included***	**OPAC100**
	Medical grade V titanium Temporary coping **(STERILE)** Ø 4.8 *M1.4 Titanium conical abutment screw included*	**OPAC200**
	Medical grade V titanium Protective cap **(STERILE)** Ø 4.8	**OPAC300**
	CERAMICOR & PMMA Gold cast-on coping Ø 4.8 ***Black Tite® M1.4 conical abutment screw included***	**OPAC410**
	PIVOZYL & PMMA* Gold cast-on coping Ø 4.8 ***Black Tite® M1.4 conical abutment screw included***	**OPAC400**
	Medical grade V titanium Pick-up abutment transfer (unitary) Pick-up abutment transfer (by 4) *Short and long conical abutment Pick-up screws included*	**OPAC500** **OPAC500-4**
	Medical grade V titanium Pop-In abutment transfer (unitary) Pop-In abutment transfer (by 4)	**OPAC600** **OPAC600-4**
	Medical grade V titanium Conical abutment analog Ø 4.8 (unitary) Conical abutment analog Ø 4.8 (by 4) *M1.4 titanium conical abutment screw included*	**OPAC700** **OPAC700-4**

* Subject to stock availability.

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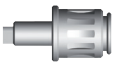
LOCATOR® ABUTMENTS		PART REFERENCE
LOCATOR® ABUTMENTS		
Base diameter Ø 4.0 mm		
Grade V titanium		
LOCATOR® abutment	H1.5	**OPLA010**
LOCATOR® abutment	H2.5	**OPLA020**
LOCATOR® abutment	H3.5	**OPLA030**
LOCATOR® abutment	H4.5	**OPLA040** NEW!*
LOCATOR® abutment	H5.5	**OPLA050**
SECONDARY PARTS		
Angular correction up to 20 degrees between 2 implants		
Titanium, Medical Grade Polyethylene & Nylon		
Male LOCATOR®	Ref. 8519	**OPLA100**
Medical Grade Nylon		
Retention replacement male *By 4*	Ref. 8524	**OPLA200**
Medical Grade Nylon		
Retention replacement male *By 4*	Ref. 8527	**OPLA300**
Medical Grade Nylon		
Extra-light "Blue" retention replacement male *By 4*	Ref. 8529	**OPLA400**
Angular correction up to 40 degrees between 2 implants		
Aluminium Medical Grade		
LOCATOR® transfer *By 4*	Ref. 8505	**OPLA500**
Aluminium Medical Grade		
LOCATOR® analog 4 mm *By 4*	Ref. 8530	**OPLA600**
Titanium, Medical Grade Polyethylene & Nylon		
Male LOCATOR® extended range	Ref. 8540	**OPLA700** NEW!
Medical Grade Nylon		
Retention 0 « Grey » attachment 0g / 0 Lbs *By 4*	Ref. 8558	**OPLA710** NEW!
Medical Grade Nylon		
Extra-Light « Red » attachment 226-680g/0.5-1.5Lbs *By 4*	Ref. 8548	**OPLA720** NEW!
Medical Grade Nylon		
Light « Orange » attachment 907g /2-0Lbs *By 4*	Ref. 8915	**OPLA730** NEW!
Medical Grade Nylon		
Moderate « Green » attachment 1361-1814g / 3-4Lbs *By 4*	Ref. 8547	**OPLA740** NEW!

*Availability: second quarter 2014.

	WRENCHES AND MANDRELS	REFERENCES
	Prosthetic mandrels for prosthesis **Medical Grade stainless steel** Short hexagonal mandrel Long hexagonal mandrel XL hexagonal mandrel	**IN MHECV** **IN MHELV** **IN MHEXLV** NEW!
	Prosthetic wrenches for prosthesis **Medical Grade stainless steel** Short hexagonal wrench Long hexagonal wrench XL hexagonal wrench	**IN CHECV** **IN CHELV** **IN CHEXLV** NEW!
	Straight conical abutment mandrel **Medical Grade stainless steel** Conical abutment mandrel	**OPMP250**
	Straight conical abutment wrench **Medical Grade stainless steel** Conical abutment wrench	**OPCP160**
	Multi-Unit mandrel **Medical Grade stainless steel** Utilisé pour le vissage des piliers axiom Multi-Unit droits	**MUM100** NEW!
	Multi-Unit wrench **Medical Grade stainless steel** Utilisé pour le vissage des piliers axiom Multi-Unit droits	**MUW100** NEW!
	LOCATOR® abutment mandrel **Medical Grade stainless steel** LOCATOR® mandrel Art. Nb. 8913	**OPML230**
	**LOCATOR® abutment wrench** **Medical Grade stainless steel** LOCATOR® key Art. Nb. 8260	**OPCL150**
	LOCATOR® 3 in 1 tool **Medical Grade stainless steel** LOCATOR® 3 in 1 key Art. Nb. 8393 *Sold inividually*	**OPCL3E1**
	Dynamometric prosthetic ratchet wrench **Medical Grade stainless steel** Dynamometric prosthetic ratchet wrench	**IN CCD**
	Gripping tool	**OPCF100**

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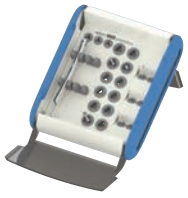
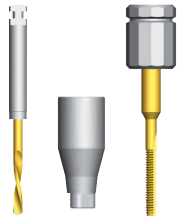
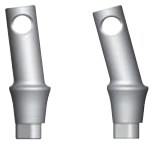
PROSTHESIS KITS		REFERENCES
NEW DESIGN! 	**Prosthesis kit** Contain: - 1 dynamometrical prosthetic wrench - 1 wrench and 1 Multi-Unit mandrel - 1 wrench and 1 short hexagonal mandrel - 1 wrench and 1 long hexagonal mandrel	**IN MOD OPP**
-	**Empty prosthesis kit**	**IN MOD OPPV**
NEW! -	**Prosthetic Multi-Unit Update kit** Including: - 1 wrench and 1 Multi-Unit mandrel - One 3/4 and one 1/4 grey inserts	**KIT MU OPP**

RE-WORKING KITS		REFERENCES
	**axiom® Implant re-working kit** Left helical drill Ø1.2 TIN axiom® drill guide M1.6 x 0.35 mm tapping device	**OP RETOUCHE**
	Left helical drill Ø1.2 TIN	**OPFM12**
	M1.6 x 0.35 mm tapping device	**OPTAM16**
	Left hand - threaded device Unscrewing mandrel short (S)	**IN MDS**
	Left hand - threaded device Unscrewing mandrel long (L)	**IN MDL**

TRY-IN ABUTMENTS FOR axiom® Ø 3.4 / 4.0 / 4.6 / 5.2 mm		REFERENCES
	Medical grade V titanium	
	Straight try-in abutments	
	Straight try-in abutment H0.75 0°	**OPSF006**
	Straight try-in abutment H1.5 0°	**OPSF016**
	Straight try-in abutment H2.5 0°	**OPSF026**
	Straight try-in abutment H3.5 0°	**OPSF036**
	Straight try-in abutment H4.5 0°	**OPSF046**
	Angulated try-in abutments	
	Angulated try-in abutment H0.75 7°	**OPAF00-7**
	Angulated try-in abutment H1.5 7°	**OPAF01-7**
	Angulated try-in abutment H2.5 7°	**OPAF02-7**
	Angulated try-in abutment H3.5 7°	**OPAF03-7**
	Angulated try-in abutment H4.5 7°	**OPAF04-7**
	Angulated try-in abutment H0.75 15°	**OPAF001**
	Angulated try-in abutment H1.5 15°	**OPAF011**
	Angulated try-in abutment H2.5 15°	**OPAF021**
	Angulated try-in abutment H3.5 15°	**OPAF031**
	Angulated try-in abutment H4.5 15°	**OPAF041**
	Angulated try-in abutment H0.75 23°	**OPAF002**
	Angulated try-in abutment H1.5 23°	**OPAF012**
	Angulated try-in abutment H2.5 23°	**OPAF022**
	Angulated try-in abutment H3.5 23°	**OPAF032**
	Angulated try-in abutment H4.5 23°	**OPAF042**
	Medical grade V titanium	
	Angulated conical try-in abutment 18°	
	Angulated conical try-in abutment R H2.5 18°	**OPCFR22**
	Angulated conical try-in abutment R H3.5 18°	**OPCFR32**
	Angulated conical try-in abutment R H4.5 18°	**OPCFR42**
	Angulated conical try-in abutment AR H2.5 18°	**OPCF022**
	Angulated conical try-in abutment AR H3.5 18°	**OPCF032**
	Angulated conical try-in abutment AR H4.5 18°	**OPCF042**
	Angulated conical try-in abutment 30°	
	Angulated conical try-in abutment R H2.5 30°	**OPCFR23**
	Angulated conical try-in abutment R H3.5 30°	**OPCFR33**
	Angulated conical try-in abutment R H4.5 30°	**OPCFR43**
	Angulated conical try-in abutment AR H2.5 30°	**OPCF023**
	Angulated conical try-in abutment AR H3.5 30°	**OPCF033**
	Angulated conical try-in abutment AR H4.5 30°	**OPCF043**

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Notes

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